

MEDICAL REVIEW OF REVIEWS

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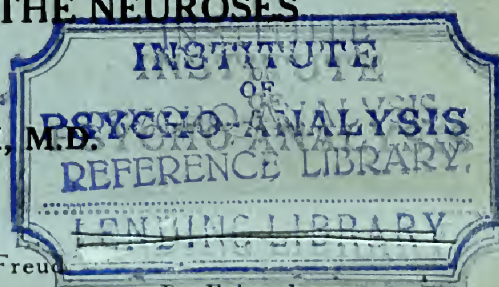
March 1930

Psychopathology Number

CHARACTER DISEASES AND THE NEUROSES

Edited by

DORIAN FEIGENBAUM, M.D.



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Preface

Dr. Feigenbaum has requested me to write a few words for the special Psychopathology Number which he is editing, and I take the opportunity of wishing his work good success.

I often hear that psychoanalysis is very popular in the United States and that it does not meet there with the same degree of stubborn resistance as in Europe. My enthusiasm over this fact is, however, dampened by several circumstances. It seems to me that the popularity of the term psychoanalysis in America is no evidence of either a friendly attitude to the subject or a particularly broad dissemination or profound understanding of its teachings.

As proof of my first contention it strikes me that whereas all kinds of scientific and pseudo-scientific undertakings meet with ready and generous financial support in America, our psychoanalytic institutions have never been successful in getting any assistance.

Nor is it difficult to prove my second contention. Although America has several able analysts and at least one authority like Dr. A. A. Brill, contributions from this distant quarter are scanty and rarely throw new light upon the subject. Psychiatrists and neurologists make frequent use of psychoanalysis

as a therapeutic method but in most cases they evince little interest in the theoretical problems of the science or in its social implications. Indeed, there is frequently to be found among American physicians and authors a very insufficient familiarity with psychoanalysis. They appear to be acquainted with little more than its name and some of its terms, but this does not prevent them from being very certain of their opinions. The same persons confuse psychoanalysis with other teachings which may have developed from it but are at present no longer compatible with it. Or else they create for themselves a kind of hodgepodge of psychoanalysis and other elements and boast of their doings as a sign of broadmindedness, while what they actually reveal thereby is lack of judgment.

Much of this state of affairs, which I am sorry to have to mention, is undoubtedly traceable to the general tendency in America to abbreviate studies and preparation and make practical use of them as quickly as possible. There is, moreover, an inclination to study a subject like psychoanalysis not from the original sources but from secondary, frequently inferior, expositions. It is inevitable that thoroughness should suffer from such a procedure.

It is to be hoped that studies such as Dr. Feigenbaum is publishing in his special number will greatly advance interest in psychoanalysis in America.

SIGM. FREUD.

Introduction

The collection of studies offered here has for its object the presentation of selected topics dealing with modern psychopathology as a medical science, with specific methods of observation and treatment, specific problems and conclusions. These studies treat of subjects in two fields: the neuroses and the neurotic character-formations. The third major division of the subject matter of psychopathology, the psychoses, are not considered within the scope of this publication, since they are specific, readily recognizable, and of no practical concern to the non-psychiatrist. On the other hand, the neuroses and the neurotic character-formations are in the background, or even in the foreground, of many clinical syndromes, and, as such, come up daily in the practice of all physicians, therefore making a fair knowledge of their structure and dynamics essential to the thorough understanding of many pathological conditions.

Nevertheless, the study of these neuroses and neurotic formations is, unlike psychiatry, which is now on the curriculum of most medical schools, still outside of the pale of orthodox medicine. Of course, if the neuroses were infrequent disorders of negligible importance, their neglect by academic medicine would not constitute as grave a problem as it does. But, the neuroses actually do account for a very high percentage of all cases coming to the attention of the medical profession. They lurk behind innumerable disorders which, on the surface, appear to be physical. They have a way of cropping up in indisputably physical traumas or bacterial intrusions, such as the fracture of a bone or tuberculosis of the lungs. They even maintain their undermining activities in apparently healthy constitutions which as yet do not exhibit striking symptoms.

The first part of our collection is a symposium on neurasthenia which is representative of the group of *actual neuroses*. The subject of neurasthenia was chosen first, because the term is loosely used, and even abused, in medical diagnostics, and it is time to clear up our ideas on this subject and to come to

some common understanding of its meaning. Secondly, because the syndromes which are nowadays called neurasthenic, furnish par excellence illustrations of the inter-action and inter-dependence of somatic and psychic factors, the study of which, on the basis of the libido-theory, may lead to a deeper understanding of the generally surmised ultimate somatic basis of neurotic phenomena.

Next comes a symposium on character pathology, which is a new, and to some of us, unexpected subject of medical study. A few words on malformations or diseases of character will, therefore, not be amiss. Study and therapy of psychoneuroses by the method of Freudian psychoanalysis succeeded in penetrating beyond the neurotic symptoms and tracking them to a foundation stratum, or character-base, representing the fixation of the whole personality upon very early and primitive libidinous experiences involving the surrounding parental environment, which gradually results in a rigid and automatically functioning system of reactions persisting from infancy into adult life. Such rigid, genetically infantile character-formations, which often pass as either "strong" or notably "weak" characters, may be in the way of elastic adjustment to changed environment of adult life and undermine the very foundations of health and happiness. It may be said in passing that the therapeutic disintegration of such rigidities of personality is one of the greatest triumphs of the psychoanalytic method.

Our characterological symposium completely disregards speculative-intuitive theories of Ludwig Klages and the like, and deals exclusively with studies based on observations of clinical syndromes in the manner and discipline of medical science. When so treated, pathological character-formations will fall in two classifications: (a) basic-developmental character-fixations, such as the anal-sadistic character-fixation; (b) clinical-symptomatic formations, such as the compulsive character, anxiety character, hysterical character, etc.

The last division of our group of papers deals with a sociologically important species of the neurotic character, namely the neurotic-criminal character. It is an illustration of the application of medical psychology to social problems of crime

and delinquency. The term "criminal character" has been greatly abused. If justifiable, it is applicable only to a small group of criminals, whose criminality cannot be attributed to any physiological or psychological causes. In the light of extant knowledge, it seems plausible to assume that the majority of criminals is of a neurotic character. A most promising study in this field has lately been made by the psychoanalyst Franz Alexander and the criminal lawyer Hugo Staub of Berlin, in their book "Der Verbrecher und seine Richter" (The Criminal and His Judges). These studies throw new light on the psychological substrata of both the criminal and his judge, and also indicate a prospect of crime-therapy.

It is hoped that after these explanatory paragraphs, the reader who has not been in touch with developments in the field of psychopathology will be able to appreciate the relation that exists between the articles presented here.

In concluding, the editor wishes to express his gratitude to Dr. Victor Robinson for making the Psychopathology Number possible by his magnanimous invitation, and to the distinguished contributors of the issue for their admirable co-operation.

The editor feels also obliged to Mr. A. J. Storfer, Director of the "Internationaler Psychoanalytischer Verlag," Vienna, for encouragement and valuable suggestions; Mrs. Margaret Powers, Dr. A. Slutsky and Mr. Frederick H. Martens of New York, for their faithful translations; and, finally, to Mr. I. Gutmann and Mr. John W. Gassner, New York, for literary and editorial assistance.

DORIAN FEIGENBAUM.

SYMPOSIUM ON NEURASTHENIA

From Beard to Freud

A Brief History of the Concept of Neurasthenia

By HENRY ALDEN BUNKER, JR., M.D.

It was in 1869 that Dr. George M. Beard, of New York, undertook to describe "a condition of the system that is, perhaps, more frequently than any other, in our time at least, the cause and effect of disease. I refer to neurasthenia, or exhaustion of the nervous system." And to Beard is generally assigned the credit of first recognizing and describing a supposedly more or less definite and unified clinical syndrome, to which he was the first at any rate to apply a specific label, even though a certain correlation and interrelationship among some of the symptoms included in this syndrome had undoubtedly long been noted; and indeed Beard himself, disclaiming originality except as regards the term neurasthenia itself, states in this earliest article of 1869 that "the morbid condition or state expressed by the term has long been recognized and to a certain degree understood, but the special name *neurasthenia* is now for the first time presented to the profession."

Let us glance, then, at Beard's earliest formulation of his concept of neurasthenia as a definite clinical syndrome; we shall find it rather inclusive: "If a patient complains of general malaise, debility of all the functions, poor appetite, abiding weakness in the back and spine, fugitive neuralgic pains, hysteria, insomnia, hypochondriasis, disinclination for consecutive mental labor, severe and weakening attacks of sick headache, and other analogous symptoms, and at the same time gives *no evidence of anemia or of any organic disease*, we have reason to suspect . . . that we are dealing with a typical case of neurasthenia." As to its causes, Beard lays down that "neurasthenia may result from any causes that exhaust the nervous system," which he further thought of, as an admitted speculation, as bringing about a dephosphorizing of the central nervous system; while "among the special exciting causes may

be mentioned the pressure of bereavement, business and family cares, parturition and abortion, sexual excesses, abuse of stimulants and narcotics." As to its effects, "chronic neurasthenia may result in paraplegia, in general paralysis, in neuralgia, in uterine disturbances, in dyspepsia, in chorea, in hypochondriasis, in hysteria, and in actual insanity."

Some ten years later, in 1880, Beard published a volume entitled *A Practical Treatise on Nervous Exhaustion (Neurasthenia): Its Symptoms, Nature, Sequences and Treatment*, which he devoted to an exposition *in extenso*, and, it must be said, in a manner not free from sweeping generalization, of the condition which he speaks of in the preface as at once the most frequent, most interesting, and most neglected nervous disease of modern times—neurasthenia, or nervous exhaustion, "the centre and type of this family of functional nervous diseases," the neglect of which in the medical school curriculum and the indifference to them on the part of the medical profession Beard deplores in terms almost as cogent at a recent date as they were fifty years ago. In this volume, however, in which the characteristics of the condition are dealt with at such length, there occurs no concise definition of what is precisely meant by the term neurasthenia—as, indeed, it is the comment of a recent writer that the great majority of subsequent articles upon the subject contains no such definition.

For Beard, neurasthenia was a "many-sided and fluctuating" syndrome featured by a multiplicity of subjective symptoms, discoverable in large part only through a painstaking anamnesis, among which fatigue, exhaustion, "lack of nerve force," "nervous bankruptcy," held a cardinal place; attendant manifestations included an array of subjective complaints ranging from various ill-defined aches and pains to phobias and obsessions. In brief, not only was neurasthenia, in Beard's conception, "the centre and type of the family of functional nervous diseases;" it *was* functional nervous disease, was virtually synonymous with it, since scarcely any other sort of so-called functional nervous disorder, hardly even hysteria, was distinguished from it in Beard's formulation—nor, it might be added, in the minds of many later writers. It is at least to

Beard's credit, at all events, that he called emphatic attention to the occurrence and the reality of symptoms of the sort which are now recognized as characteristic of one or another of the psychoneuroses; nor is it surprising that hostile criticism took at first the form of rejecting his conception as that of an artificially created disease of highly intangible character. On the other hand, as is almost too obvious to require mention, subsequent criticism, grounded in a fuller understanding of the nature and meaning of the clinical phenomena among which Beard groped, has found his original formulation far too inclusive, his conception of neurasthenia as a single clinical syndrome much too all-embracing.

Through the gradual recognition of this fact, owing to the differentiation, through the work of Janet and especially of Freud, of various clinical syndromes which cannot legitimately be placed under a single rubric, the term neurasthenia has eventually become narrowed to include only those cases in which fatigue, mental or physical or both, is the prominent symptom; it has become restricted to mean in general (to borrow the definition of Cobb) "a condition of nervous exhaustion, characterized by undue fatigue on slight exertion, either physical or mental, with which are associated symptoms of abnormal functioning, mainly referable to disorders of the vegetative nervous system, these symptoms being chiefly headache, gastro-intestinal disturbances, and subjective sensations of all kinds."

To Beard the question of etiology, the interpretation of the underlying cause or causes of neurasthenia, was of secondary importance, since, indeed, as we have seen, his primary concern was the collection of a miscellany of symptoms under one nosological rubric, the grouping of these manifestations into one disorder; and in fact he relegated the discussion of this aspect of the subject to a second volume, published in 1881, *American Nervousness: Its Causes and Consequences*, in which he designates modern civilization, "the one constant factor, the foundation of all these neuroses, wherever they exist," as the chief predisposing cause of neurasthenia, while as exciting causes he enumerates "functional excess of any kind, as of the brain,

the spine, the digestive, the muscular, and the reproductive system."

Whatever the indifference which Beard's views first encountered, the subject of neurasthenia eventually gave rise to a most extensive literature, such that, for example, in 1894 Muller was able to compile a bibliography of fourteen pages. Since it would be entirely without profit, however, to attempt even the briefest resumé of this literature, it will suffice here to draw attention in passing to certain of the major modifications of Beard's original thesis which were introduced in the closing decades of the last century. Janet, for example, quoting the dictum of Moebius and of Dejerine that neurasthenia is the initial form from which other neuroses are derived as from a fountain head, split off compulsive and obsessional states under the designation *psychasthenia*, which he regarded as a psychoneurosis closely allied to neurasthenia and perhaps also to certain forms of paranoia. For Dejerine the true psychoneuroses embraced only hysteria and neurasthenia, the two conditions which alone claim a disorder of the emotions as their primary etiology, which alone are traceable to an emotional cause; of neurasthenia he believed that too great importance was commonly attached to fatigue and to exhaustion in the genesis of that disease, and that no state of neurasthenia was possible without "a peculiar antecedent psychological constitution" characterized in particular by strong affectivity; so that both Janet and Dejerine regarded neurasthenia as a psychoneurosis, a disorder of psychological genesis. Moebius, favoring a physical etiology, looked upon neurasthenia as a kind of chronic intoxication by fatigue substances, somewhat analogous to the effects of the prolonged abuse of alcohol. Kraepelin quoted this view with approval, but believed that there also occurred a so-called constitutional type of neurasthenia. On the other hand, it came to be realized, furthermore, that fatigue, the cardinal and almost pathognomonic symptom of "neurasthenia," is frequently not at all the relatively isolated symptom that it may appear to be but is often merely one feature of a syndrome of mental and physical symptoms arising as the outcome of a more or less profound maladjustment—that

it may be the expression of emotional disturbance arising from the presence of unconscious mental conflict, and is, as such, diagnostic of such emotional disturbance rather than of any particular "disease" of which, whether hysteria or schizophrenia, the emotional disturbance is a part. In any event, it is evident that fatigue and undue fatiguability do not in themselves necessarily spell neurasthenia, a condition which is actually present in certainly fewer than one per cent, in Ernest Jones's estimate, of the cases commonly so diagnosed; and that it is only after a number of disorders—in which, it is true, fatigue may be prominent as a complaint—have been differentiated that we are left with a definite if rather infrequently occurring syndrome—consisting essentially of chronic fatigue, irritability, sense of pressure on the head, and gastro-intestinal symptoms—whose pathogenesis, as distinguished from that of the disorders just referred to, it is possible to discuss.

It was the effort to obtain a more or less uniform picture of neurasthenia, to divest the term of its vagueness and elasticity to the end that it might be given a more concrete significance from the standpoint both of nosology and of etiology, that led Freud, as early as 1894, to attempt to distinguish "from all that Beard included under the term neurasthenia . . . all those neurotic disturbances of which the symptoms, on the one hand, are more closely related to one another than to the typical symptoms of neurasthenia (headache, spinal irritation, and dyspepsia with flatulence and constipation), and, on the other hand, show in their etiology and their mechanism essential differences from typical neurasthenia." Having thus circumscribed the concept of true neurasthenia, Freud ultimately reached the empirical conclusion that this condition admits of only two *specific* etiological factors: excessive onanism and spontaneous emissions, which factors are alone and in themselves sufficient to produce neurasthenia; and, furthermore, that among concurrent and accessory causes none of the "ordinary" factors—mental excitement, physical exhaustion, acute illness, traumatic accidents, intellectual overwork, the stresses and strains of modern civilization, etc.—enters regularly or necessarily into the etiology of the neuroses or of neu-

raesthesia, for although these every-day factors may function as precipitating causes, so that the added effect of such a factor may be required to cause the neurosis to become manifest, the pathological result does not vary in accordance with the nature of the supervening "ordinary" factor but is determined by the pre-existing specific cause. That this specific cause consists, in the case of neurasthenia, of excessive onanism has become a conviction so fixed in Freud's mind that, as he says, he has concluded that cases genuinely negative in this respect cannot be neurasthenia; although, as he adds, he has also encountered persons who showed the signs of a neurasthenic constitution without the presence of the etiology just mentioned, in whom, however, he was able to demonstrate that the sexual function had never developed to a normal degree—in these patients neurasthenia was potentially (or actually) present because a normal sex life had never really been possible.

Thus, in a word, neurasthenia may arise whenever a less adequate relief, a less adequate activity, takes the place of the adequate one, as, in fact, when masturbation or spontaneous emission replaces normal coitus; and since, at the same time, the external stimuli are so meagre, in the case of masturbation as compared with normal coitus, that phantasy must be chiefly drawn upon to supply the deficiency of external stimulus, it is intelligible that masturbation requires a greater consumption of psychic energy than the act of coitus, and that its excessive practice may readily result in the exhaustion of the supply of neuro-psychic energy.

Thus the passage from Beard to Freud has been marked by a re-orientation as radical as possible: notably, by a drastic restriction of the concept of neurasthenia as one which originally embraced a host of unrelated clinical manifestations, so that it covered practically the entire field, without distinction, of the so-called functional nervous disorders, the totality of the neuroses and psychoneuroses of present-day nomenclature, while the term neurasthenia itself was as devoid of any precise meaning as the word "nervousness" and might even be said to be practically synonymous with it; and by a replacing of this vague and elastic and too inclusive concept, largely at the

hands of Freud, by one in which neurasthenia becomes a definite and sharply circumscribed syndrome, of distinctly infrequent rather than of extremely frequent occurrence: a syndrome placed by Freud among the *actual neuroses* rather than among the *psychoneuroses* in that it lacks, in his belief, a psychological background explainable by any form of psychological analysis, in that its casual roots lie in the present and the immediate past, rather than in the remote past, of the patient, and in that it represents a disturbance primarily of the physical rather than of the mental component of sexuality; a syndrome of which the specific etiology, as distinguished from the merely accessory and auxiliary causal factors, including heredity, so exclusively stressed in the past, consists of protracted and excessive onanism—a factor which, never absent, according to Freud, produces the result that the psychical energy of the patient is continuously subjected to undue tax to replace the excitation that normally should come from without.

It remains only to be remarked that from the critical consideration of neurasthenia—a syndrome of restricted significance and of relatively rare occurrence, and at the same time, in its pathogenesis, deficient in psychological interest—Freud turned to the studies of psychogenic disorders, the psychoneuroses, with special reference to hysteria, anxiety states and compulsive neurosis, which embody the preponderating part of his creative work.

Is Neurasthenia an Organic Disease?

By I. S. WECHSLER, M.D.

The title of this essay has been intentionally put in the form of a question. But lest it be misinterpreted as a challenge to psychopathology, it is necessary to define precisely the concept of neurasthenia and to inquire into what is meant by organic disease.

Without entering into a discussion of the historical development of the term, attention may be called to the fact that the concept has been variously employed to cover a multitude of clinical signs and symptoms. Most clinicians, not excepting the majority of neurologists or even psychiatrists, look upon neurasthenia as a very large, if vague, clinical entity into which may be put indiscriminately all sorts of neurotic manifestation which cannot be otherwise classified. For them, neurasthenia, like "nervous breakdown," is a facile designation of a congeries of symptoms. And so one finds hysterical, compulsive or obsessional, hypochondriacal, and a host of other symptoms, which have no relation to one another, grouped together for want of a better "label." There is no psychopathologic or other consistency in the term as thus used, but in this sense neurasthenia is a prevalent neurosis, or at least a very widespread syndrome.

Opposed to this view is the psychoanalytic concept which regards neurasthenia as a definite, but very limited, symptom-complex which occurs comparatively rarely in clinical practice. It will be recalled that Freud restricted the syndrome considerably, classed it among the *actual neuroses* and invoked for it the specific etiology of prolonged or excessive masturbation. He regarded it essentially as a chronic condition, characterized in the main by general want of energy, diminished or reduced vigor, proneness to fatigability, more particularly mental tiredness, by mild gastro-intestinal disturbances, occipital or generalized headache or tightness about the head, and by impotence or ejaculatio precox.

Furthermore, the want of initiative and lack of capacity for prolonged exertion, Freud believed to be the result of actual injury done to the psychosexual apparatus by the inveterate masturbation. Because of the lack of adequate psychic preparation and opportunity for proper outlet onto a love object, such as occurs in normal sexual relations, the sexual energy is conceived of as being dammed back into the body itself through a short-circuiting of the spinal reflex process. The result is an injury not only to the psychosexual apparatus but to the genital organs themselves. And in men, in whom the process of masturbation seems to be more complex though possibly less varied than in women, one does indeed find in chronic masturbators congested prostates, enlarged, soft and boggy seminal vesicles, and injected verumontana.

One may leave out for the moment the undoubted fact that neurasthenia may occur in patients who have never masturbated or have long since given up the practice, though it must be admitted that even in those cases ejaculatio precox or impotence are early manifestations and that normal sexual life never really was possible. We shall also disregard the moot question to what extent and in what form neurasthenia occurs in women.

Leaving out of consideration the depression and other mood and affect changes which the neurasthenic often complains of, the "memory" defects, lack of power concentration and the secondarily elaborated symptoms, such as anxiety and even true hysterical manifestations, one meets with not a few actual hypochondriacal symptoms and quite a number of others which are commonly regarded as "organic."

Among the last may be mentioned weakness of the ocular muscles or asthenopia, spots before the eyes, tremulousness or actual tremor, sallow complexion, cold hands and feet, perspiration at night, "billiousness," constipation, labile pulse, low blood pressure, orthostatic tachycardia, extra systoles, lively pulsation of the abdominal aorta, and so-called neurasthenia cordis or that erroneously designated clinical syndrome known as neurocirculatory asthenia. And to revert once more to the sexual travesty of the neurasthenic, one may mention the

frequent nocturnal emissions and diurnal pollutions, the persistent but futile erections at night, the spermatorrhea on slight stimulation by day and the occasional ejaculation while straining at stool, all of which are followed by a feeling of exhaustion and prolonged backache and occipital headache.

Finally, it is worth noting that the neurasthic is to a great extent narcissistic, and in not a few instances there is also a considerable schizoid background. In fact, one may actually speak of a definite neurasthenic character. Taking these facts into consideration and the further evidence that ejaculation precox or even impotence may set in early in life, even before masturbation has had the chance of initiating the vicious circle, thus frustrating normal sexual life from the very beginning, one must assume a constitutional psychosexual defect. This makes it more than probable that heredity plays a very great role in neurasthenia and possibly has a preponderating influence in its development.

All the facts thus far marshaled might very well be interpreted to mean that neurasthenia is an organic disease in the sense that its manifestations are the result of definite, though at present undemonstrable, pathologic changes. Such an interpretation at once differentiates the organic changes which are assumed to have etiologic significance from other organic changes which may be the result of psychogenic processes.

The distinction is of extreme importance, because if the mental and physical manifestations constituting the syndrome of neurasthenia are the result of definite constitutional changes they differ to such an extent from all those found in the other psychoneuroses as to warrant the exclusion of the syndrome from the group of psychogenic diseases. To some extent psychoanalysis makes this concession, but it does not stress emphatically the distinction, because, at least from a theoretic point of view, the ultimate line of demarcation between the psyche and the soma is coming to be regarded by many psychoanalysts as very vague if not actually non-existent.

Before pursuing this argument any further it may be pointed out that a number of other facts bear upon the question of the organicity of neurasthenia. Of less weighty, though

by no means negligible, significance may be mentioned by way of analogy the clinical evidence furnished by many definitely organic diseases.

It is well known, for instance, that incipient pulmonary tuberculosis may for a long time give rise to a series of symptoms commonly regarded as neurasthenic. To some extent this may be true of the early phases of tumor of the brain or cerebral arteriosclerosis; and it certainly is a fact that many a case of incipient general paresis for a long time is erroneously looked upon as one of neurasthenia. Chronic lead poisoning, too, should be mentioned in this connection and passibly concussion of the brain.

For the purposes of the discussion it does not matter that in none of those cases is there a history which traces back a great many years or that masturbation with its assumed injury to the psychosexual apparatus is not the primary cause. What is important is that a syndrome which cannot easily be distinguished clinically from "true" neurasthenia can occur on the basis of definite pathologic changes in the nervous system, and therefore raises the question, which must not be lightly dismissed as a *non-sequitur*, whether every case of neurasthenia is not *a fortiori* and organic disease. If to this argument is added the very important fact that heredity, than which nothing more "organic" can be conceived of, plays an important role in the etiology of neurasthenia, the probability of its being an organic disease is further strengthened.

But there is yet another bit of evidence to be considered. When one views the array of symptoms grouped as neurasthenia one notices a remarkable resemblance between them and those observed in disease of the suprarenal glands. I refer particularly to the mild or incipient phases of Addison's disease. That well-known clinical syndrome is characterized by easy fatigability, apathy, depression, low blood pressure, loss of appetite, insomnia, diarrhea, asthenia, and loss of weight. Ultimately, of course, there is bronzing of the skin and aggravation of all symptoms to the point of complete exhaustion and a fatal issue. If, however, one can conceive of a dysfunction of the adrenals, of a hypoadrenemia, of an impairment of the

functions of the adrenals or the nerves supplying them, not necessarily of a destruction of the glands which results in true Addison's disease, one can readily see how a clinical picture commonly regarded as neurasthenia might be the result.

To some extent dysfunction of the pituitary gland, in which impotence, loss of libido, low blood pressure and asthenia may occur, or hypofunction of the thyroid or gonads, might also give rise to a "neurasthenic" clinical syndrome. One may, in addition, mention the emotional changes which are commonly observed in disease of the ductless glands. It is granted, of course, that much of this is speculative, that a good deal of clinical endocrinology borders on fiction, that many of the explanations so uncritically offered as to the relationship of the glands of internal secretion to character and temperament are worse than naive; but one cannot therefore ignore the undoubted significance of the role the endocrines actually play in the function of the body in general and the nervous system in particular. There is too much anatomical (including embryological) physiological and pharmacological evidence of the hormonal and neutral relationship existing between the nervous and ductless glandular systems for us to ignore their clinical implications.

In a paper on *The Psychoneuroses and Internal Secretions* (Neurological Bulletin, May 1919), I recorded a number of cases which illustrated the probable relations of disturbances in the function of the endocrines to the neuroses. Without repeating what has been said there or multiplying instances, I should like to report briefly the following case:

S. L., a clerk, forty-two years of age, complained of impotence, general weakness, lack of energy, occasional headache, and weakness of the eyes. He had masturbated excessively from early youth up to the time of his marriage at the age of twenty-seven and irregularly all through his married life up to date. He had no intercourse prior to marriage, and not very successfully subsequently. He suffered from *ejaculatio precox* at all times and, in addition, practised *coitus interruptus*. His wife, who is an ardent woman, always felt frustrated, chided him for his lack of virility, or refused her favors altogether. Their married life has been a series of squabbles on that account, and he suspects her of relations with other men. Being a meek, not very sociable, home person she constantly bullied him.

For the past year or longer he became totally impotent and his eyes, especially the left, became "weak." He has been treated by physicians for a great many years, the last one who referred him to me with the diagnosis of neurasthenia having had him under his care for several years.

I agreed from the history and general behavior of the patient that the picture was almost classical of neurasthenia, but neurological examination showed partial optic atrophy, bitemporal hemianopsia, more marked on the left, scanty facial hair, no axillary or bodily hair, feminine pubic hair line, marked panniculus and the presence of supraclavicular pads of fat. Despite the absence of other signs and symptoms referable to the pituitary gland I made a diagnosis of tumor of the hypophysis, which a tremendously large sella turcica quickly verified. Now the question arises whether the definite neurasthenic syndrome which the patient suffered from for years was due to endocrine deficiency (gonado-pituitary) of which the present clinical picture is an end result, or whether a neurasthenic happened by chance to develop a pituitary tumor. There is evidence to believe that the former is the case.

It may be conceded that our present knowledge, by which one might test the validity of the views thus far expressed, is insufficient; but enough facts have been accumulated to warrant clarification of many of the concepts regarding neurasthenia. To begin with, if one accepts the psychopathologic, more particularly the psychoanalytic, theory of the neuroses, the term neurasthenia may justly be limited, as Freud has done, to a definite syndrome, the genesis of which differs to a great extent from all other symptom-complexes which are commonly grouped under the psychoneuroses. That is, if one excepts those symptoms associated with neurasthenia which are generally regarded as being secondarily elaborated, we are left with a syndrome whose roots trace deeper into the soma than the psyche. This will justify the Freudian designation of *actual neurosis*. Further, acceptance of this view not only forbids the inclusion of signs and symptoms of complex psychogenesis but lends consistence to the clinical picture and removes the confusion which has existed hitherto because of the indiscriminate grouping of symptoms. Finally, it explains why there is such wide discrepancy in the statements as to the relative frequency of neurasthenia. Obviously if one adheres to the older notions, the neurosis is very prevalent; if one

accepts the more restricted psychoanalytic view, the syndrome is comparatively uncommon.

Accepting the more precise definition of the concept of neurasthenia, we may revert to the question of its organicity. As has been shown above, there is a great deal of inferential evidence to bear on the question. At best the evidence is derived from reasoning by analogy. Certainly there is no direct clinical or pathological proof. But even so, what with the psychoanalytic assumption of a definite trauma to the sexual apparatus, the probable hereditary background, the peculiar neurasthenic character, the chronicity and resistance to treatment, and the vague but numerous signs and symptoms referring to somatic or bodily dysfunction, the suspicion is justified that "true" neurasthenia is an organic disease in the sense that as yet undemonstrable pathologic changes are the cause of the symptom and not the result of psychogenic processes. How much truth there is in such a view only further studies will determine.

Diagnostic Errors in Neurasthenia

By A. A. BRILL, PH.B., M.D.

As a medical student I was much impressed by the concept of so-called neurasthenia. I listened with rapt attention to the learned professors when they enumerated the multifarious and variegated symptoms of neurasthenia. The clinic on neurasthenia given by Dr. M. Allen Starr was most fascinating to me. In contrast to the psychotics, the neurasthenics inspired one with a sympathetic interest; they spoke feelingly about their symptoms and apparently wanted to be helped.

What impressed me most was the ease with which such cases could be diagnosed and treated. When I first heard a patient enumerate the numerous ills from which he suffered I became somewhat confused, for there was not a single part of the body which did not produce its quota of peculiar feelings, aches and pains. Being only a student I wondered how one will remember all these symptoms for the examination.

But I felt better when one of the teachers glibly remarked that whatever puzzles you on the skin you can safely diagnose as eczema and whatever you cannot diagnose on a physical basis you can safely call neurasthenia. That made it quite easy, for here we had a disease that embraced almost everything; it comprised almost as many symptoms as one found in all the other diseases put together. It was truly a unique malady worthy of its name "American Disease" given to it by European neurologists. As a medical student I was particularly pleased with it because it was labor saving and mentally economical. Years later when I was an assistant in Professor Starr's clinic, the chief of clinic asked me one day to prepare patients for a clinic on neurasthenia, and when I asked what type of cases he desired he specified by saying that I should get any cases that have not too many delusions and hallucinations. I felt that he was very broadminded on the subject of neurasthenia, perhaps a bit too broad, for at that time I had already known something about nervous and mental diseases.

One could not, however, take lightly our Chief of Clinic's concept of neurasthenia; in slightly exaggerated words he voiced the ideas of most neurologists and psychiatrists. From the numerous authorities at my disposal I selected two to show the prevailing views: "Neurasthenia is a general neurosis—i.e., one affecting the whole nervous system; and since mental disturbances play an important role, it may be called "neuro-psychosis."¹

The second quotation is taken from an American standard work on nervous and mental diseases. "The symptoms of neurasthenia are extremely numerous. Some are *essential*, most are *adventitious*. Charcot considered *headache, back-ache, gastro-intestinal atony, neuromuscular weakness, cerebral depression, mental irritability, and insomnia* as the fundamental symptoms of the disorder—the true stigmata of the neurosis."² These authors then enumerate a host of additional symptoms under such headings as motor disorders, sensory disturbances, visual disturbances, disorders of hearing, smell and taste, gastro-intestinal disorders, circulatory disorders, genital disorders, and mental disturbances. It would take up too much space to enumerate here all the complaints headed under neurasthenia. After reading about this malady in a dozen texts one becomes more or less bewildered, if not confused with the whole subject of nervous and mental diseases. No wonder then that Professor Forel called Neurasthenia the "garbage can" of medicine.

Up to about twenty-five years ago this concept of neurasthenia was firmly accepted by almost all medical practitioners, and most of the old timers still adhere to it. But as time advanced a number of investigators became doubtful about the extent and connotation of the symptoms, and numerous attempts were made not only to restrict it and define it more accurately, but even to reject it altogether. There is no need of entering here into the various stages of these evolutions; elsewhere in this volume you will be shown how the French

¹ Von Krafft-Ebing: Text Book of Insanity, p. 446, translated by C. G. Chaddock. Davis Co., 1905.

² Church & Peterson: Nervous and Mental Diseases, p. 584, 7th Edition, W. B. Saunders, 1911.

school took a big slice of the neurasthenic symptomatology and labeled it "psychasthenia" while only recently Forel's views of over twenty years ago were echoed in England by E. F. Buzzard,³ who stated: "Taken as a whole, we doctors carry on our trade in an honorable fashion and are imbued with a genuine desire to cheat neither our clients nor ourselves; but it can hardly be denied that the label of neurasthenia is often used in order to evade a duty—the duty imposed on us to declare a correct diagnosis. Whether such action should be regarded as a crime or only as a pardonable misdemeanor is a moral question, I do not propose to discuss; the object of my discourse is to show that it is not a good business. The label of neurasthenia is a bad business proposition for two reasons. In the first place it conveys little or no pathological meaning to your mind; in the second place it gives your patient the impression that he is suffering from a disease the cause, course and outcome of which are equally mysterious to both of you."⁴ Dr. Buzzard only reiterates what had already been said many years ago by many others and yet I consider his remarks very opportune. For strange as it may seem in spite of all that was said and done about the inadequacy of the name, as well as the concept itself, neurasthenia is still very popular with the medical profession.

Since I became a Freudian (1907) the existence of neurasthenia as an entity became more and more doubtful to me. For be it remembered that it was Professor Freud who brought order into the chaos of the neuroses and it is due altogether to his investigations and classifications of the neuroses that we are now able to evaluate the so-called neurasthenic concept. Following the publication of the classical studies on the psychic mechanisms of the phenomena of hysteria (1893) by Breuer and Freud, and the dilatation of these ideas in their well known revolutionary work "Studien über Hysterie,"⁵ Freud in 1895 first made the attempt to separate the anxiety states or anxiety neurosis from neurasthenia proper and thus to limit

³ "The Dumping Ground of Neurasthenia," *Lancet*, January 4th.

⁴ Quoted from the *A. M. A. Journal* of February 8, 1930.

⁵ Translated by Brill under the title "Hysteria and other Psychoneuroses," Monograph Series.

the concept of the latter. He justly stated that nothing worth while can be said of neurasthenia so long as this term is used in Beard's sense, and that neuropathology can make headway only by separating from active neurasthenia those symptoms of anxiety which are more firmly connected with one another, in their conjoint appearance, etiology, and mechanisms. To be more precise, he separated neurasthenia from not only the anxiety neurosis, but also from a number of other symptom complexes which did not belong to it. Freud then restricted neurasthenia to the following typical symptoms: headaches, spinal irritation, dyspepsia with flatulence and constipation. As pseudo-neurasthenia he designates the numerous symptoms which are determined by organic disturbances such as reflex disturbances of nasal origin, neurotic disturbances resulting from various cachexias and arterio-sclerosis, and from the early stages of organic diseases such as tuberculosis, paresis, and other psychoses.

To be sure the symptom complex of anxiety or pathological anxiety frequently observed in many neurotic and psychotic disturbances was first described by E. Hecker in 1893. Freud, however, studied the problem independently and went deeper into the subject; he not only described the equivalent or rudimentary attacks of anxiety, but also stressed the fact that all morbid anxiety originated on a sexual basis. Briefly, Freud came to this conclusion for three reasons. First, because all accompanying physical manifestations of pathological anxiety, such as cardio-vascular and respiratory disturbances, are nothing but exaggerations of normal fear, secondly, the disproportion between the insignificant cause and the resulting chronic symptoms simply shows that the former is only an *agent provocateur* and not the adequate cause of the anxiety neurosis, and thirdly, the real etiology of morbid anxiety is not to be found in the pathological enhancement of the nerve centres nor in the pathology of the internal organs which at best are selected only as paths of discharge for the anxiety.

Anxiety neurosis, according to Freud, occurs as a result of injurious influences from the sexual life; these traumas are found either alone or as reinforcement to other banal injuries.

If a psycho-physiological sexual stimulus finds no discharge through physical or mental paths, as for example in *coitus interruptus*, an anxiety neurosis may result; in other words, morbid anxiety may arise as a result of repressed libido, which was changed into anxiety in a manner similar to a physical transformation of energy. With this view Jones disagreed on the basis of biological theory of the instinct. He claimed that "instincts are specific modes of reacting to the environment that have been evolved as such through ages of attempts at adaptation and, that although their manifestations can, in the higher animals, be extensively modified, deflected and also fused with those of other instincts, this is a different thing from a radical transformation of one into another."⁶ Jones maintains that morbid anxiety is no more than a perverted manifestation of the fear instinct, that is, instead of pathological anxiety one can assume that it is a case of extremely strong normal fear. Lately, Freud accepted this view.⁷

Without going any deeper into the problems of anxiety which is briefly discussed here in order to show its relation to neurasthenia, I will merely state that after narrowing the concept of neurasthenia by creating, so to speak, the entity of anxiety neurosis most of which was later changed to anxiety hysteria⁸ there remained on the one hand hysteria, which was always universally recognized as such, and on the other hand the obsessive phenomena—phobias, doubts, obsessions—which were grouped under the heading of compulsion neurosis. So that, according to Freud, neurasthenia, anxiety neurosis, hysteria, and compulsion neurosis, are definite and rather clear-cut neurotic entities which can be readily observed and classified.

Thus the neurasthenia entity though very much narrowed, continued to play a part as one of the actual neuroses, and whenever I encountered patients presenting symptoms of headache, or pressure in the head, spinal irritation, dyspepsia

⁶ Ernest Jones: The Psychopathology of Anxiety, British Journal of Medical Psychology, Vol. IX., Part 1, 1929.

⁷ "Hemmung, Symptom, und Angst," 1926.

⁸ Cf. Brill: Psychoanalysis Theories and Application, p. 135, W. B. Saunders, 1922.

with flatulence and constipation, I diagnosed them as neurasthenics and expected to find Freud's etiological factors, viz., a replacement of an adequate (action) discharge, by a less adequate one (normal coitus by masturbation or spontaneous pollutions). I say "whenever I encountered patients presenting the symptoms, etc.," but after looking through my records very carefully I cannot find a single case that I could diagnose as a typical neurasthenia. To be sure I found numerous cases diagnosed as neurasthenics which were referred to me by physicians, but after thorough examination there was not one who was just a neurasthenic in the Freudian or in any other sense. To illustrate what I mean let me cite a few cases.

Case 1—Mrs. C., a woman of 49 showed all the Freudian symptoms of neurasthenia enumerated above, but in addition she also showed larval anxiety attacks of a vague nature and numerous mild compulsive phenomena. She was sent to me as a neurasthenic and at first sight I diagnosed her as one but after a few sessions I had to change my diagnosis to "mixed neuroses" (anxiety hysteria and compulsive neurosis). The etiological factors too corresponded to the revised diagnosis.

Case 2—Mr. C., 32, married, was referred to me as a neurasthenic, and to my question about his ailment he presented me the paper from which I am copying the following symptoms:

1. Cannot concentrate; heaviness on right side of head.
2. When thinking impressions come from right side of head.
3. Empty head; when talking do not get strong impressions.
4. When reading must read small paragraph twice to get idea; cannot get strong impressions; cannot think strongly.
5. Business depressions for past two years.
6. Family depressions for past two years.
7. No real penis erection for past two years.
8. Left side of head without feeling; left temple no pulse.
9. Left eye acting nervously and not in unison with left eye; always see with right eye nose; weakness of right smaller than right and same reacts on eyelid.
10. Pains on right side of head very often also on skull.
11. Strong drawing on base of nose; and above eyes.
12. Facial feeling not strong as formerly.
13. Chest very light and not strong as formerly.

14. When inhaling left chest does not react with right side of chest.
15. Breathing with left side of nose so freely cannot consume so much air.
16. Arm and hand grips not strong as formerly.
17. Voice at times base other times soft.
18. Pains in center of vertebrae.
19. Feel weakness left center of chest.
20. Feel light on left side of body.
21. Mind always on left side of body.
22. Moving liquid between penis and rectum.
23. Believe some in body lowered because feel everything in head lowered.
24. Cannot crack any bones on left side.
25. Left side of neck pains and weak.
26. Feel bones crack in back lower center of head.
27. Head weak.
28. Never tired, cannot get restful sleep, get up light.
29. Nerves exhausted, cannot make mind up where to go for business or pleasure.
30. Gripping of nerves often on right jaw.
31. Nervous at times in body and head.
32. When talking feel not talking as strongly as before and doing so with assistance of right lung only.
33. Always stammered and felt I was drawing strongly on my lungs. Had arguments always with customers and one day felt sharp pain on left side of lung and same is annoying to me now.
34. For last year felt left shoulder lower than right.
35. Feel left jaw weaker than right.
36. No pep, energy, ambition or happiness which I desire, nor feelings.
37. Feel always heaviness on both eye bases.
38. When coughing or clearing throat feelings come from right only and feel strongness only on right lung.
39. Feel like bubbles in hair in back of head.
40. Felt sleepy during day for past half year.
41. Pressing of vein. (Refers to a vein on right side of head which he thinks he rubbed out with his hand).
42. Burn on back of left side of neck.
43. Is it likely that I broke a blood vessel in the head?
44. I'm light on the legs and the arms.
45. If I am thinking, the picture slips from middle of head to the right.

This patient corresponds to the classical neurasthenics and on superficial examination this diagnosis was made by at least three or four physicians. Deeper investigation showed that he was mild schizoid-manic type who had three similar attacks within the last eleven years of his life. The depressive affect

colored the whole picture and the subsequent course of the disease corroborated the diagnosis.

I could cite a great number of similar neurasthenic cases who turned out to be mild depressions, beginning schizophrenics, compulsive neurotics, and hysterics; now and then the symptoms also depended on a slowly developing organic disturbance which was not properly diagnosed. For many years I had my doubts about the existence of such entity as neurasthenia, for whenever I studied cases so diagnosed I soon found that they did not fit snugly into this classification or that they belonged to some other entity. Of the many who more or less share my views of this problem I shall quote Professor Bleuler, who speaking of the neurasthenic syndrome, states that "*over-exertion and exhaustion certainly are only rarely causes of neuroses, and never of psychoses.*"⁹ Professor Bleuler thus objects to the name neurasthenia as not expressing the true situation, and also states that "what usually produces the so-called neurasthenia are affective difficulties."¹⁰ But affective difficulties are at the basis of those conflicts which produce the psychoneuroses. Bleuler would call all neurasthenias pseudo-neurasthenias if it were not too long a name.

To sum up I would say that neurasthenia as it is understood by the average physician hardly ever exists, for the symptoms that this term is supposed to connote can only rarely, if ever, be produced by nervous exhaustion and that only on a physical basis. Most cases of such actual neurasthenia belong to schizophrenia, cyclothymic depressions, beginning paresis, latent phthisis, or other organic affections; and even if we restrict the term to the symptoms left in Freud's classification of the neuroses, I, speaking for myself, am never able to diagnose neurasthenia. Neurasthenia was spuriously conceived and hence never existed in Beard's sense. Like the term psychasthenia it serves as a cover for a multitude of falsities begotten of ignorance and laziness.

⁹ "Textbook of Psychiatry," p. 556, translated by A. A. Brill, The MacMillan Co., 1923.

¹⁰ *l. c.* p. 556.

The Hypothesis of Organ-Libido

By OTTO FENICHEL, M.D.

The hypothesis of the "organ-libido" was advanced by Freud, and was, in particular, developed and made to bear fruit by Ferenczi. And it is with the assistance of this hypothesis that psychoanalysis endeavors to fathom the so-called "psycho-physical frontiers," i. e., the normal physical phenomena which accompany conflicts of the psychic apparatus and their pathological caricatures—conversional hysteria on the one hand, and actual neuroses and organ-neuroses on the other. The hypothesis of the organ-libido was achieved empirically. Nowadays it is employed by empirical research, and it must rely for its further development and eventual correction on empiricism alone. This purely empirical foundation, however, is in danger of being overlooked in a systematic presentation of the hypothesis, because of its apodictic-logical character. In justification it may be said that a systematic presentation of the kind relieves the reader of the task of once more covering ground already explored without a guide, and supplies him with an at least more or less established basis for his further investigation of this still decidedly obscure territory.

What is the "libido?" With Freud one may define it as energy of the sexual impulse, that is, its quantitative moment. We take for granted that every human being has a certain sum total of "power of sexual impulse," hence libido, at his disposal. It is true that this sum total can be enhanced or diminished from extraneous somatic sources (inner secretions, puberty, climacterium, pharmacology), but otherwise it is changeless in its totality. Whoever expends his libido all too greatly at one point, has all too little left for other points. One must not, of course, interpret this to mean, crudely, that a human being can only either practice sexual intercourse or sublimate himself or herself—the realm of the "sexual urge," whose boundaries have been extended by psychoanalysis, is decidedly too manifold and complicated to let us do so. Yet there remain sufficient phenomena which we can fully explain, and the

"libido-enonomic" description of a psychic occurrence—in spite of the unfortunate circumstance that we are unable to measure psychic recognition—remains one of the three fundamental tasks of theoretical psychoanalysis, the so-called "metapsychological" presentation of the occurrence in question.

Bodily processes, with regard to which we must also try to form as clear as possible a picture, must be most intimately connected with changes in the distribution of the libido. Libido is energy of sex-urge—and the life of the urges is, after all, a "borderground" which may be regarded, now from the psychological, and, again, from the bio-physical side. Regarded from the first viewpoint the urge appears as an energy-endowed impulse toward a definite action, the objective of the urge, which goes hand in hand with the experience of its satisfaction. From the second point of view we have an "instinct source," a bodily change which acts as a provocative on the psychic, and its objective removal of this provocative change and the tension it has called forth.

What bodily alterations then, are we to take for granted in the case of the sexual urge? What tension is generated by the instinctual urge and disappears in the organism? When Freud proved the similarity between sexual excitation and intoxication in all their details, he was in entire accordance with physiology, which has recognized the *inner secretions* as fundamental where sexuality is concerned. That is, physiology holds that the source of the sexual urge is in the sex-hormones or sex-substances which circulate in the blood and chemically call forth noticeable changes, especially in the genitals. We need not here concern ourselves further with questions of sexual physiology, such as the specific nature and place of origin of the sex hormones (the inner-secretionary participation of the germinal glands, relation to other glands, such as the thyroid gland, the pituitary gland, etc.). The crude conception of sexual substances which chemically influence the genitals, and thereby throw off instinctual drives for the psychical life, is sufficient for our needs. The refining of these rough-hewn conceptions, and, in the last analysis, the chemical presentation of the sex substances, is the as yet missing biological founda-

tion upon which the entire libido theory of psychoanalysis will some day have to be erected.

And now we will go a step further; psychoanalysis teaches us that sexual instructual urges proceed not alone from the genitals, but from other parts of the body as well, the so-called "erogenous zones." This compels the acceptance of the consequence that the sex-substances are not alone collected and active at the genitals, but that it must be possible to find them at all erogenous places. They must be removable in the same degree, so to say, as a regression from genital eroticism to anal eroticism is psychologically possible according to the findings of psychoanalysis; something which is well in accordance with the acceptance of the idea of transportation by way of the blood-stream.

Hence we must take for granted that sex substances are present everywhere, but that they are unequally distributed, and that the distribution may vary according to the physical or psychical circumstances. So if we now declare that the organs vary in their cathexis (investment of libidinous energy) this is no more, in first instance, than a somewhat incorrect way of saying: the organs are provided with sex substance in varying quantity, so that various powerful libidinous excitements are radiated by them. There are both objective and subjective signs of this—and one of our most essential problems is the clarifying of the fact that these objective and subjective signs seldom agree, and that in most cases only the ones or the others can be proven. Objective: the genital in "a state of excitation" undergoes a physiological change in a definite manner. It has an increased turgescence, and reveals redness and inflation, that is to say, inflammatory phenomena. Ferenczi has proved in detail, that in other organs as well, owing to the enhancement of their "libidinal cathexis" the identical changes might occur (for example, in the case of hysteria), and in such cases speaks of a *genitalization* of the organs in question. It is true that the circumstances compel us to take for granted that such objective signs of the libidinal cathexis of the organs are only visible under certain conditions, and not under others. We will later ask why quantitative or qualitative circumstances

are determining in this case. Subjective: Here we had best make the enigma of hypochondria our point of departure, an enigma which Freud solves with the following assumptions: the organs that radiate hypochondriac sensations are *actually* altered, even though physiological investigation cannot prove that any such alteration occurs. For, as a matter of fact, they have an enhanced cathexis, which in the psychical sphere makes itself noticeable as disagreeable tension. What in very first instance argues in favor of this is the change in the hypochondriac's psychic attitude in the sense of narcissism, i.e., the fact that his libidinous interest in persons of the external world decreases in a parallel degree with the increase of his hypochondria. We take for granted that ordinarily the libido directed upon the external world "is stowed away in the organs" (a discussion of this conception will follow later), and there produces a "damming up of libido." Freud advances a similar theory with regard to "actual neuroses," the anxiety neuroses and neurasthenia, i.e., he argues that anxiety and neurasthenic troubles appear after injury is done sexual satisfaction, when the orgasm proves to be abortive (frustrate excitation). He imagines that the libido quantities (the quantities of sex substance) which are not carried off in an adequate orgasm, remain bodily in and act toxically upon the organs. The investigation of all these circumstances, the variabilities of the libido content of the organs, would supply the theme for that physiology of pleasure demanded by Ferenczi as a supplement to more usual physiological research.

What is the relation of "erogeneity"—i.e., the accumulation of sexual substance at fixed bodily zones, with their consequent urges that act on the psychical life, and which eventually manifest themselves in the already mentioned objective signs of irritated genitals—to the symptoms of the "damming up of the libido," which confront us in the case of the actual neuroses, especially in hypochondria? Can we take for granted that only quantitative differences exist between both phenomena? Can we believe that a certain degree of cathexis calls forth psychosexual excitation, and that a greater allowance produces a "jam," a psychically unpleasurable tension, so that—in the case

of actual neuroses external, and in that of hypochondria perhaps a psychogenetic-internal obstruction of passage is *solely* responsible for the difference?

We must now take into account a complication which we already introduced into our subject when we said of the hypochondriac, that cathexis in his case goes from objects over to the organs, hence that the libido is withdrawn from the external world to his own organs. Herewith we left behind our "pleasure-psysiological" description, and began one purely psychological. So long as we think in a purely physiological-material manner, so long as we really mean "sex substance" when we say libido, then only a shift from the genitals to the other organs comes into consideration, but not one by individuals of the external world, who, of course, cannot well be carriers of the sexual substance of the subject. And we begin to divine: that the purely physiological procedure may be the same in hysteria (and similar processes, such as extra-genital perversions, etc.) as in hypochondria (and similar processes, such as the actual neuroses, psychotic sensations of the body). The sexual substances are genitally less concentrated, too much has piled up in the organs. The *difference* between the two processes, the decision as to whether erogeneity or "damming-up" develops, cannot depend *solely* on the quantity of "dammed-up" sexual substances. It cannot depend *solely* on whether (in perversion or in the hysterical symptom) removal of the sexual substance, which has accumulated in the organs, and, directing it towards emotional activity, is or is not possible, but on a psychological factor which, perhaps, decides with regard to this very possibility of removal and which we must now investigate.

Even in the stimulation of object-love tensive sexual substances accumulate at the genitals and the erogenous zones (in the case of perversion or hysteria almost exclusively at the erogenous zones), so that the organs, in one sense, have their libidinal cathexis. In the narcissistic state of hypochondria the same thing applies to the organs. Provisionally expressed, we may therefore say that it must make a tremendous difference whether the organs are stocked with "objective libido" or with

"narcissistic libido," i.e., with "ego libido." And we must ask what such a qualitative difference between the libidos, the psychic sexual instinctual energy, really is supposed to represent.

In the first instance, we might say, "objects" are "libido-stocked;" in the second instance this is not the case. Hence what are we to understand by the term "libido-stocked?" Undoubtedly something that no longer has any direct connection with the bodily distribution of the sexual substances. Yet, naturally, also something that no longer has any connection with the objective personality of the love object, but with an intrapsychical occurrence in the subject of affection. If A falls in love with B, then, after all, this process does not happen in or to B, but solely in A, who begins to feel, think and act in a different way with regard to B. What then is "stocked" or "occupied?" The sum total of all the ideas that A has about B, we might say his *intrapsychic object-representation*. It is equipped with quite special powers, i.e., it has special masses of psychic energy placed at its disposal. The sexual tension conditioned by the "libidinous," i.e., sexual-substance, stocking of the genitals or the erogenous zones, now pushes on to impulsive acts with the person whose representation is intrapsychically absorbed owing to cathexis. Now if, in the event of a "regression to narcissism," the cathexis is once more withdrawn from this "object-representative" to whom, then, does it flow? Even its own body, once upon a time, was an "external world" for the psyche, even though it might be a bit of external world of quite a special kind, whose recognition first led to the differentiation between the self and the external world, and thereby to the creation of the "ego"—something whose discussion, however, does not lie within the scope of the present article. The body and its organs, too, are represented intrapsychically by conceptive and sensory data and their summarization (and much might be said respecting the significance of these representations, of the "body-posture" and the "body-ego" for the psychic life in general). Hence there also exists *intrapsychic organ-representation*. And hence in the case of narcissism, there occurs a transition of the cathexes—not as

we formerly used to say, generally speaking, from the object to the ego, but, more exactly, from the object-representations to the organ-representations—and the organ-representations, for their part, can call forth chemical or nervose-physical (sexual substance) changes with regard to the organs.

It seems, therefore, as though it were not the same whether sex substances accumulated in the organs in the case of intrapsychic “stocking” of the object-representations (hysteria, perversion-normality), or in intrapsychic “stocking” of the organ-representations (hypochondria-psychosis). Between the two types we will probably find the actual neuroses, neurasthenia, the anxiety neurosis and the “organ-neuroses.” The former, as we have already mentioned, must be conceived, according to Freud, as bodily toxic consequences of the “jammed” orgasms (dammed up sometimes because of external, but probably more often as a result of inner psychogenous reasons) of unremoved sex substances. At the same time one can imagine that such an orgasm-“jam” appears more easily and with greater frequency when there already exists a certain tendency toward an “intrapsychic cathexis of the organ representations”—and probably there are also fluent transitions between these forms of neuroses and the out and out narcissistic hypochondria. And among those neuroses generally known as “organ-neuroses” will be found forms more resembling hysteria and hypochondria, i.e. conversional hysterias, which manifest themselves in one organ only; and which are subject to all the laws of hysteria, hence forms whose symptoms have a special unconscious infantile-sexual meaning. There will be found as well narcissistic cases more approached to psychosis, whose symptoms are the non-specific expression of the narcissistic cathexis of the organ-representations, and of the resultant piling up of sex substance at the organs without adequate possibility of removal—a possibility taken away by the very regression to narcissism itself. Of course, these symptoms may still be reflecting the original external world conflicts in a regressively disturbed form.

Much confusion in the literature dealing with the subject of the “organ-libido” results because it is not always possible

to determine whether what is meant is that the organ-libido phenomena which are under discussion are thought of as directly sex-substance ones, occurring chemically at the organ-representations, or whether they are phenomena which first take place psychically at the organ-representations, which last in turn call forth physiological changes in the organs. Freud, in the case of actual neuroses thinks, and no doubt rightly, of the direct bodily; and so does Ferenczi, in his "Pathoneuroses," upon which we will touch very shortly. And yet, in contrast to hysteria and normality, we will definitely have to accept the second assumption with regard to many "organ-libido" phenomena. Freud, for instance, has made it a basis of his more recent description of pain regarded as an organ-libido phenomenon in his book "Inhibition, Symptom and Anxiety." But he already had fixed the distinction between "the over-loading of erogenous zones with sex substances," and "the narcissistic libidinal cathexis of the organ-representations" in his study "On the Introduction of Narcissism," in which he says, for instance: "Every change in the erogeneity in the organs might 'parallel' a change of the libidinal cathexis in the ego." And only this last-mentioned "libido cathexis in the ego" may legitimately claim the name of "narcissistic organ-libido" in a narrower sense of the term.

This explanation made, there still remains a further difficulty to surmount: If the theory of hypochondria be correct, then it must also apply to the diseases of the organs, for these too, as Freud has shown, produce a regression to narcissism, a retreat of the object-relations upon the organ which has itself become diseased. As Busch says: "When we have a toothache, 'the soul' dwells only in the constricted soul of the molar." As a result, the psychic moving over of the organ-representations at the expense of the object-representations, therefore, is the same in hypochondria and in organic illness. The difference lies in the genesis: in the case of hypochondria we may, as has been said, consider material "sex substance" changes at the organ a result of the primary psychogenous transfer of the organ-representation, in the case of organic disease this transfer must be the result of the precedent material change in the

organ. It is Ferenczi who has shown us that this actually is so. In his "Pathaneuroses" he has described a form of neurotic illness resulting as an immediate consequence of the shiftings of the libido induced by an organic disease. But now we have a new difficulty: if it be true that the organism, in order to heal a sick organ (i.e., in order to enhance its power of resistance) is in need of an enhancement of the libidinal cathexis of the organ in question, then the body-libido must also have a general vital function, and "body-libido" seems to be identical with "vital energy."

That up to a certain degree this actually is the case, is at bottom not unknown to psychology. For psychology has had the experience of finding that even in the realm of the purely psychic the "ego-maintaining energies" cannot always be sharply differentiated from the libido energies, and that the existence of an exclusively ego-maintaining libido factor can be demonstrated. Therefore, the narcissistic libido is really none other than the body-libido, the same libido which achieves cathexis of the body and organ-representations (and not, as does the "object-libido," the object-representations). Therefore—one must take it for granted—the bodily as well as the psychic ego-maintenance is dependent upon a libido condition. *Tausk* is therefore probably correct in speaking of a "libido-tonus," an optimal physiological cathexis of the organs, which is tantamount to a material sexual substance, as well as a psychic cathexis of the organ-representations. Clinical research is familiar with the consequences of the pathological enhancement of these cathexes (hypochondria, neuroses). Yet quite evidently there is also a pathological abatement of the same. It is true that we must at once add that not every "alienation" of an organ, not every disappearance of parts of the body and data of deep-seated sensitiveness from the range of the ego can be explained as a pathological abatement of the organ-libidinal cathexis of the kind. We know that when, for instance, an image or conception, an urge or impulse does not externalize itself in a neurosis, it is not always really divested of the libidinal cathexis; but may be only *repressed*—that is, be actually provided with a high amount of libidinal cathexis,

and yet be prevented from manifesting itself by an equally high percentage of "counter-cathexis" acting in opposition to it. An analogous phenomenon may also easily be demonstrated in the sphere of the organ-libido. Here, however, the questions of the conflicts of resistance and repression, and their consequences as they affect bodily sensitiveness and motorism—of the very greatest importance for the study of organ neuroses and of actual neuroses, as well as for many bodily hindrances which still lie within the confines of the normal—have as yet been all too little investigated.

Two works by Freud and one by Ferenczi are the basis for all the problems which we have considered above. They are:

1. Freud: Drei Abhandlungen zur Sexualtheorie. Ges. Schr. Bd. V.
2. Freud: Zur Einführung des Narzissmus. Ges. Schr. Bd. VI.
3. Ferenczi: Hysterie und Pathoneurosen. Int. ps-a. V. 1919.

Important questions in the field of the organ-libido have been discussed in the following monographs:

1. Deutsch: Der Gesunde und der kranke Körper in psychoanalytischer Betrachtung. Int. Z. f. Ps.-A. XII, 1926.
2. Federn: Einige Variationen des Ichgefühls. Int. Z. f. Ps.-A. XII, 1926.
3. Fenichel: Über organlibidinöse Begleiterscheinungen der Triebabwehr. Int. Z. f. Ps.-A. XIV, 1928.
4. Ferenczi: Psychoanalytische Betrachtungen über den Tic. Int. Z. f. Ps.-A. V, 1919.
5. Freud: Über die Berechtigung von der Neurasthenie einen bestimmten Symptomenkomplex als "Angstneurose" abzutrennen. Ges. Schr. Bd. I.
6. Freud: Die Sexualität in der Aetiologie der Neurosen. Ges. Schr. Bd. I.
7. Freud: Hemmung, Symptom und Angst. Ges. Schr. Bd. XI.
8. Reich: Über die chronische hypochondrische Neurasthenie. Int. Z. f. Ps.-A. XII, 1926.
9. Reich: Die Funktion des Orgasmus. Int. Ps.-A. V. 1927.
10. Tausk: Über den Beeinflussungsapparat in der Schizophrenie. Int. Ps.-A. V, 1919.

The Neurasthenic Core in Hysteria

By PAUL FEDERN, M.D.

According to Freud, neurasthenia is an actual neurosis; in the great majority of cases it originates as a result of sexual overindulgence, notably of cumulative onanism. (Yet other exhausting moments, which have an exhaustive effect, may also contribute their share, or be its sole etiology). In opposition to this conception Stekel and others have defended the psychogeneous origin of neurasthenia, declaring the unconscious psychic conflict a necessity, and that neurasthenia, too, is a psychoneurosis. Federn and others have confirmed Freud's interpretation, but have added, that the excess sufficient to release the neurasthenia depends essentially on the type of absorption; the psychic conflict acts not alone on the psychic, but also on the bodily sexual processes.

The psychic conflict, the conscious and unconscious sense of guilt, the repulsion, the aversion during the act and, generally speaking, every contradiction of the act itself disturb its sexual course and its rhythm and make them more difficult; they also slow up and render incomplete the restoration of sexual preparedness during the sexual pause for rest. In this way those symptoms described as sexual neurasthenia, and, more especially, as spinal irritation, come into being. Ferenczi's "single day" neurasthenia, in particular, shows this to be so. Reich has confirmed this by his exact investigation of the normal and the abnormal course of the sexual act; he has also drawn a characteristic picture of that chronic neurasthenia which results as a consequence, when fixate pregenital drive-components have prevented genital satisfaction.

The three actual neuroses—neurasthenia, anxiety neurosis and hypochondria—are all connected with the chronically disturbed occurrence of the sexual discharge, or else accumulation. The neurasthenic connection we have already briefly explained. Anxiety neurosis originates as a result of the detention of the sexual wave of satisfaction from the psyche. The etiology of hypochondria is as yet not sufficiently

clarified. It is the narcissistic actual neurosis; considered from the libido-economic point of view, it rests upon an over-cathexis of the bodily ego with narcissistic libido. Now I have been able to show, in my investigations of the ego-sense (*Ichgefühl*) and narcissism, that in dwelling in every narcissistic libido we have the character of preënjoyment and not of post-enjoyment. Owing to the preënjoyment character of narcissism—which, possibly, is joined by the specific occurrences in the development of hypochondriac conditions—hypochondria etiologically also falls into line with the other actual neuroses.

Hence it is easily conceivable that all three actual neuroses so often unite in various mixtures. The neurasthenic displays a bit of phobic neurosis and of hypochondria; the hypochondriac also displays neurasthenic and phobic symptoms, and the phobic neurotic is in a moderate degree neurasthenic and hypochondriac as well. This, too, is the reason why the three actual neuroses were first isolated by Freud. The union of these neuroses in one and the same patient, however, is not incompatible with their clinical demarcation and separation. The fact is that cases also constantly recur in which only *one* actual neurosis exists with its own sole specific etiology; they seem to be experiments for Freud's conception. We also maintain that the actual neuroses do not stand in need of any psychoneurotic mechanism, and that they have neither any symbolic meaning nor have originated as a result of unconscious primary processes.

Yet one can understand why Stekel and others have contradicted this demarcation between actual neurosis and psychoneurosis which Freud has consistently maintained. That is to say, in every psychoanalysis made of psychoneurotics one comes to a time-strata in which actual neurotic symptoms were present in him. Furthermore, sexual inhibitions and disturbances exists in all psychoneurotics. If the observer be inclined to merge the individual causes in one general diffuse cause, it may easily happen that he also finds that the actual neuroses originated as psychic neuroses. Yet long continued analyses reveal that the actual neurosis was either no more than *one* deep strata in the development of the psychoneurotic symptoms,

or that it is a later consequence of the disturbance of the actual sexual course of the psychoneurosis. And, finally, the psychoneurosis is also often complicated and strengthened by the accession of actual neurotic symptoms when the sexual life of the male or female patient assumes an intercurrent, an unhygienic form, or when a chronic injury of this kind finally is resolved in actual neurosis as a result of accumulation. It is for this reason that hysteria apparently so often develops in the critical life-periods of women, at puberty, at marriage, or at the time when they are adapting themselves to contraceptive intercourse. Hence we can see how closely actual neurosis and psychoneurosis are bound up with each other, just as closely as sexual living together is with the libido-determinations, and these with the affective and psychic life of the individual in general. Yet at times psychoanalysis, like Ariadne's thread, makes it possible to retrace our way to symptom-formation through this labyrinth of interconnections and causal sequences.

What holds good in general with regard to the origin of the psychoneuroses, and especially of hysteria, is analogically revealed by the following up of the individual symptoms. The first analytical experiences made it possible to accept the trauma as a specific cause; later, the tectonic explanation—according to which abnormal impulsive development and ego-genesis, in slow operation, allowed the neurosis to originate in this reciprocal conflict—took the place of this quasi-vulcanic one.

In the course of such phases of conflict the actual neuroses, as we have already pointed out, also come into being. Yet the traumatic genesis of the neuroses was also in part proved, in part again acknowledged. Freud found the common factor in the problem of the rupture of the provocation-defence, and presented it in his essay, "Beyond the Pleasure Principle." In the trauma the extraordinary intensity of the influence is shown, especially when it encounters a psychic system unprepared for defence by counter-cathexis, those unconsciously activated mechanisms which develop the neurosis. Yet in the case of impulsive conflicts as well the sudden enhancements of the

impulsive power, which operate like the trauma, are not lacking. Yet above all it is the continuing excitement due to the warded-off impulse which, like a permanent irritation, sets the unconscious mechanisms in movement. Hence the genuine traumatic neurosis may create the identical symptoms, as a hysteria resolved by a psychic trauma, and both, again, may in many respects resemble a hysteria not, or hardly at all, of traumatic origin.

Hence we need not be surprised, when even in the case of the individual symptom we at times find a traumatic, at others an actual-neurotic core, and the one does not exclude the other. Otherwise one also finds as a core—we will get better and better acquainted with this word used for purposes of comparison—the symptom of some organic complaint, as in the case of organic neurosis. At times, however, it is impossible to discover any somatic point of crystallization for a conversional symptom; apparently, in such case, the expression of the unconsciously imagined desire occurs at the part of the body involved, without it being possible to prove any “response of the organ.”

Where there are many symptoms we have a choice of symptoms, and therewith localization at the organ in question, because the latter is the organ of expression of an affect or also of an impulse-component which expresses itself in the symptom. This holds good, for example, when the longing for the mother is the core of the symptom, in cases of neurotic bronchial asthma (Federn, Weiss), and with regard to the suppressed weeping of frustration, in many tics of the facial muscles (Külövesi). That intestinal symptoms are connected with the displacement of anal, and bladder symptoms with the displacement of urethral symptoms, is again and again evinced. The intestinal symptoms in question in many instances, however, hark back to the neurasthenic period, hence only to the actual neurotic pre-stadium or medial stadium.

I shall list only some of the typical kinds of hysteric symptoms, and in such wise that I begin with those in the case of which I seldom or never was able to discover a neurasthenic, respectively phobic neurasthenic core.

In symptoms on the part of the sensory organs, for example, in two cases of hysteric blindness, there was missing any connection with an actual neurosis, and quite as strangely was this true as regards the paralysis, whereas the cramps often were connected with actual-neurotic fatigue, and perhaps even more often with neurasthenic paresthesias, which often consist only in a light tingling, often in an itching or in a feeling of tensions. This last forms the transition to one of the most common neurasthenic core-symptoms in cramps, as well as in pains, namely to the neurasthenic sense of fatigue. The neurasthenic trouble is often undefinably made up of paresthesia, sensations of tension and fatigue, and a locally limited feeling of uneasiness which can hardly be called pain. The unconscious enhances this sensation to hysteric pain, to contracture or to both. When these subconscious determinations disappear with psychoanalysis, the actual-neurotic core may remain.

These observations lead to the final deduction that a core of this sort is available in the case of many conversion symptoms. In such a case, which often puts in only an ephemeral and not very intensive appearance, one must not think that fresh symptoms have developed—it is only the concealed actual neurosis which is revealed. The same holds good, during a treatment, of the recurring fear which formerly was inhibited and hidden by phobic, compulsive neurotic or conversion symptoms. Many paresthesias which are not localized in the manner characteristic of neurasthenia, appear as intestinal reflexes, corresponding to Head's lines and zones, and on occasion seem to be a direct outbreak of displaced affects.

The group of hysteric pains so frequently encountered very often connects with a neurasthenic pain or a pain in one of the intestines; this is notably true, with regard to women, of the numerous hysteric pains of the abdomen and pelvis. It is a question whether painful pregnancy-symptoms or cecum-symptoms of a hysteric type ever develop without any neurasthenic or some other analogous organic core, though this may be possible. In the case of masculine hysteria these very pain-symptoms and serious disturbances of the intestinal and stomachic functions are the most frequent symptom, and they,

too, are in nearly all cases developed about a very early neurasthenic core.

Hysteric heart-phenomena very often are connected with an actual phobia. It is well known that certain organic diseases of the heart, which are coupled with fear, often offer a hysterical delusive picture of illness, namely mitral stenosis, which often causes diagnosis to err in a manner disastrous to the patient. Especially since Fahrenkamp recently called attention to it I have sent various cases who had strayed to the neurologist back to the internal clinic.

The different hysteric disturbances of consciousness seldom hark back to a neurasthenic, but more often to an anxiety-neurotic core; yet this is not invariably the case.

Before I turn to the theoretical side of our problem, I will briefly reply to the question of therapy, well aware that this question is only a provisional one. One is easily tempted to want to treat concealed actual neurosis directly, and take for granted a consequent facilitation in the treatment of the psychic factor. Unfortunately, this is the case only when it is a question of removing a complicating gross injuriousness in otherwise not serious cases. In cases of severe hysteria even the indicated improvement of the external mechanism of sexual satisfaction is often quite without effect. Even in the most normal mode of intercourse the disturbance of the termination and satisfaction remain. As a matter of fact, it has already been built into and maintained by psychoneurosis. This applies even more in the direct treatment of neurasthenia. No psychoanalyst lacks experience in this connection because even without our assistance the patient, and the environment upon which he depends, continue to make these attempts in a spirit of resistance. It is then purely a question of resistance treatment whether the patient be allowed to develop his own conviction of the uselessness of the attempts in question. It does happen that the strengthening of the collective organism occasionally achieves a betterment; yet whenever the occurrences have been more closely followed it will be noticed that a psychic factor has accidentally entered in addition, owing to the organic treatment. That directly hormonal or antitoxic treatment of all

sexual neuroses which Freud has considered theoretically possible has not yet been achieved. Hence we must continue to exert ourselves, to resolve the fixations and displacements, and seek to lead back the libido to the modes of normal and most satisfying employment by means of this difficult detour.

If we now confront those symptoms in which an actual-neurotic core is the rule, with the others, we will see that the latter express themselves rather as the defence phenomena of the ego than as the impulse phenomena of the "Id." It seems that the ego-symptoms of actual neurosis are employed as the core of the psychotic rather than of the neurotic symptoms. This holds good, namely, for depersonalization and alienation, and also for the disturbance of bodily ego in the case of hyperchondria.

The conversion-hysterical symptom has always been much stronger than the neurasthenic core; the difference in quantity is never, that in quality seldom, missing. The unimportant neurasthenic tingling turns into painful contracture, the neurasthenic indication of pain, easily concealed as a private matter, turns into hysterical torture, a torture felt to be tremendous and thus announced. For this typical difference, first of all, the compressions are responsible. Many desires create one symptom, which is represented by many impulses and much fantasy; while at the same time we know that the unsatisfied libido is dammed, thus enhancing the intensiveness of the symptom, and, furthermore, that once formed, the latter acquires an ever increasing importance. True as this is, the difference in quantity still seems to be inadequately explained. Against it is the fact that already, when the symptom first appears, the full difference is attained, and that no degrees of transition exist between the so slightly intensive neurasthenic, and the so powerfully hysterical, happening. It seems as though it were a question of another *dimension* of intensity, another measure of unity.

We do not achieve a real explanation if, as heretofore, we use only from the dream theory the method of multiform determinants as an elucidation, but only if we make use of our knowledge respecting certain body stimulating dreams. The

conversional symptom, like the dream-experience results through *primary* occurrences, which lead to repression. In every body stimulating dream, and also in the case of external excitant dreams—which also become body stimulating dreams by reason of the sensory organ in question ordinarily lacking in dreams—the excitement acknowledged by the awakened individual is of out and out minimal intensity, compared with the representation given it in the dream-state. One should recall, for instance, the dream provoked by the straw between the dreamer's two toes. We find the same multiplication of intensity between the neurasthenic core and the hysteric symptom. Hence we must take for granted the presence of the same relation of the receptive and the reactant psyche in the genesis of the bodily excitant dream and the hysteric symptom. Yet we are acquainted with the characteristic attitude in dreams. The cathexes are withdrawn from those systems which are affected by the body-excitement. On the basis of my own investigations I may add that the ego-boundary has no cathexis. Thus it loses the protection that otherwise allows the stimulus to strike the ego on another part. Hence one must say, more correctly speaking, that in the case of neurasthenia, as in a waking condition, only a small sample of the irritant stimulus comes into action, whereas in hysteria, as in the dream, the whole energy continues to act. Like processes of easy, complete continuance of action we find only in the case of primary processes (in the metaphysical sense). Hence we can say, summarizing, that for the formation of a hysterical symptom, as in a dream, the ego-cathexes withdraw themselves so far that the primary processes push on from the ego to the bodily periphery and from the periphery to the ego, i.e., in a normal condition, whereas the neurasthenic symptom forms itself without such primary processes as occur in the normal waking state. This conception takes up once more Breuer's primary theory, although it does so in quite another form and avails itself of the Freudian metapsychology.

(Translated by Frederick H. Martens)

SYMPOSIUM ON CHARACTER-PATHOLOGY

The Freudian Ego-Theory and Character Pathology

By HEDWIG SCHAXEL

Freud's interpretation of the neuroses is absolutely original, and differs widely from the current opinions. Before Freud, a neurosis was understood to be a disease of the nervous system. Yet for the real psycho-neuroses, such as hysteria and the compulsion-neuroses, no changes in the organic systems could be discerned. Perhaps in times to come, infinitely refined methods of investigation and marvellously refined optics will perceive anomalies in the brain or in the central nervous system of an obsessional neurotic which escape observation nowadays. It is still more probable that an increased knowledge of the as yet indistinct, scarcely foreseen processes of the inner-secretory system will one day enlighten us from the physiological side on those enigmatic proceedings in the human organism which we call neuroses.

Freud pursued a different course, conceiving the neurosis as a psychological problem, as the final result of a situation, originating in different factors. These factors are: first of all impressions and experiences from early childhood, the environmental conditions and the hereditary factors, and the way the individual reacts upon all these circumstances. A neurosis, according to Freud's ideas, has no organic basis, is not the result of an outer or internal injury, but a gradual growth, a false development of certain tendencies, the origin of which is to be found at a period long separated from the appearance of the first symptoms.

Freud discovered the origin of the neuroses in psychic traumata of a sexual nature that occurred in early childhood, that were forgotten or "repressed," that is, forced back into the deeper strata of the mental apparatus, and later reappeared as symptoms.

This hypothesis of the trauma being the cause of neurosis, had to be abandoned also, as it soon became evident that other

individuals, exposed to the same experiences, had suffered no harmful effects. It seemed tempting to assume that a neurosis would develop if a particular occurrence, for instance the attack of an exhibitionist, would disturb the psychical equilibrium of a child in the years of development. Yet, the facts proved that persons who never had undergone similar violent disturbances of their psychical equilibrium, were liable to suffer from the same symptoms. Still more puzzling was the fact that events to which patients referred with all visible marks of violent excitement, had never really occurred. Yet, in the psychic life of the patient they proved to cause the same pathogenic effects as the real happenings. It seemed necessary therefore, to distinguish between the outward evidence of facts and the no less effective world of their fantasies, their subjective psychical reality. It is this peculiar strain of untruthfulness in the tales of those patients which made hysteria for such a long time the step-child of medical therapy, as so many statements were easily proved to be falsifications. It seemed evident the sufferings of the patients were no truer than their statements.

So the cause of neurosis had to be sought elsewhere. And only on the basis of a richer material of experiences and better possibilities of comparison, Freud found his still current formula: *Neurosis is the result of a conflict between the different parts of a personality.* In order to make the complicated problem comprehensible and fit to be clearly demonstrated, we first accentuate what for Freud proved the result of an untiring work of decenniums: the *insight into the structure of personality.*

According to the present state of psycho-analysis we distinguish three *stages of personality: the Id, the Ego and the Super-Ego.*

Let us begin with the stage usually considered to represent the entire personality, i.e., with the Ego.

Everything which enters into our mind from the outer world through the gate of our sensual organs leaves its sediment in the Ego. But also the inner stimulations, the thoughts, feelings and sensations, as far as they do not escape conscious-

ness, belong to the Ego. Freud proved that besides the conscious memories and ideas, at any time available to our cognisance, there exist others, escaping our cognisance, unfit to become conscious, prevented from becoming conscious, and accordingly remaining unconscious. But also the residuals of memories, attached to verbal ideas are to be found in the Ego. Another important function, the motility, devolves upon the Ego, exclusively. The fulfilment of a thought, its becoming a fact, involves its advance from other stages to the conscious, active Ego. The attitude of the Ego is in a high degree dependent on the outward reality. It perceives reality and attends to its postulates. It would still further comply with the requests of reality unless other parts of the personality which follow different principles would check it in this pursuit.

The psychic stratum supposed to stand outside reality is the so-called *Id*.

While the Ego is social, ready to compromise, adjustable, the *Id* is unadjustable. It represents the demonic, original, primitive element of the human soul.

The processes in the *Id* generally escape immediate knowledge, its effects show themselves merely in by-way. It represents the receptacle of the libido, the residence of the instincts. This instinctual quality shows itself chiefly in the sexuality of the individual which passes through different phases.

Let us, therefore, consider its development in these phases. Contemporaneously with nourishment the child receives the first satisfaction of its sexual instinct. The sucking at the mother's breast, the warm stream of milk issuing, procure pleasurable sensations. Very soon the child gets to the point of looking for this sensation, independently from nourishment. After having satisfied its appetite it still continues to suck. Deprived of the breast, it discovers a surrogate by sucking its own fingers. At this age the mouth is the preferred erogenic zone, the region of the body which provides optimal pleasure.

Quite auto-erotically and preoccupied with its bodily sensations, another region of the body, the anus, also becomes an agent of pleasure. Besides the process of nourishment and the adjoined sensations of sucking, also the process of defecation

becomes pleasurable-toned affects. The infantile development of instincts has seized not only the oral, but also the anal region. The search for pleasure continues, and sooner or later the child proceeds to the discovery of the genital zone as a bodily organ, adapted to the production of pleasure.

Naturally we only schematized matters. The development of instincts is not supposed to happen actually in such distinctly separated phases. Quite the reverse takes place. The stages of development of the sexual instinct merge into each other, and exist contemporaneously. Up to the discovery of the genital zone the development advances, until it arrives to its temporary standstill.

This description might suggest the idea, that the instincts of children are exclusively auto-erotic, i.e., occupied with their own body, which, however, is not the case.

This simple state of affairs exists merely in the very first months of life. When this period has passed, the child begins to get interested in its surroundings, to form relations to objects. The first object-relation is the one attached to the person who is the medium of all impressions and satisfies all needs, to the mother. At first the child's acquaintance with the mother involves her merely as a provider of pleasure (source of nourishment) and it loves her accordingly. But as soon as the mother demands anything, the child's libidinal attitude towards her gets disturbed, the impossibility to resign pleasure and the inability of postponing it being an outstanding and essential characteristic of the childish personality.

In the first months of life very few demands will be made upon the child, other than to accustoming it to fixed hours of sleep and feeding, no efforts will be made to curtail the pleasures provided by its own little body. Later on, the demands of the educators increase, while the interest of the child in the surrounding persons increases as well. The education to cleanliness, the resignation to the compulsive regulation of the anal function are great demands, and heavily charge the faithful childish love for the beloved people surrounding it.

Forced by the nursing persons and probably already trained through hereditary experiences, the little being at last gradu-

ally resigns the absolute rule of the pleasure-principle. The differentiated part of the Id which we call the Ego, utilising the experience collected from the outer world, forms a faculty which we call "testing the reality." Under this influence the child learns to postpone the satisfaction of impulses or even to resign them altogether.

It is no debility of the sphincter muscles which makes it so difficult for the child to satisfy the wishes of the grown-ups concerning cleanliness, but the resignation of an important source of pleasure which thereby is forced upon the child. The abandonment of the mother's breast had been the first great denial, the control of the excretory processes is the second one.

The satisfaction of the instincts in the oral and anal erogenic zones are the pregenital stages of the libido. With regard to oral satisfaction we must distinguish between autoerotic libido and an oral satisfaction directed towards an object. This latter is alloyed with sadism and may be called an oral possession. This same sadism which we shall particularize later, also provides all anal manifestations with a powerful increase of energy.

The further development of the libido is fixed to the anal zone. The anatomical difference of sexes is noticed only much later. Boys and girls consider the penis the executive organ of their sexuality and feel sure of its possession. Hence we call this period the phallic phase.

The pleasure in the genitals, the onanism, is severely interdicted by the adults. Every child must listen to admonitions, such as: "I won't love you any more, if you continue these nasty ways." "You will get ill if you masturbate!" Why are adults so extremely intolerant against the pleasurable experiences in the genitals? Their energy in this matter seems to arise from the same deep sources from which the libidinal aims of the child originate, with the one difference that the reactions are contrary. The important item in their effects on the formation of neurosis and probably also of character, is the impulse to onanism, the accompanying fantasies. The child, let us say in its third or fourth year, has alloyed its object-relations with its genital sensations. Its observation and its

instinctive knowledge of biological laws had taught it that adults not merely satisfy themselves at their own bodies, but that a union of two beings takes place which is causally connected with the origin of new beings, the children.

The child erects countless theories in regard to this matter, and all the former stages of the development of instinct are taken into consideration. The oral theory for instance, of procreation by the mouth, or the anal one of the children's coming from the faeces is scarcely ever missing in the cycle of childish unconscious ideas. Although the difference of sexes is not yet clearly comprehensible for a child of this age, an attraction of sex is already marked—the little girl has chosen her father as an object of her strongest instinctive desires. She wants a child from him, a somehow imagined bodily union. The little boy usually dreams of the possession of his mother.

The relation to the parent of the opposite sex involves desire as its main motive, the relation to the parent of the same sex involves rivalry. Both sentiments undergo modifications, which in the first case consist in early negative impulses, originating in recent and former denials. In the second case beside the hate-impulses, originating in rivalry, many libidinal impulses are kept up which are connected with previous and present love-events.

Two factors collaborate to silence these desires: Beside the physiological impossibility to realize these imperative wishes, there is the attitude of the surrounding persons. Under the pressure of denial and intimidation the child resigns the activity of its genitals, in order to save the genitals from destruction. In the castration-complex, the fear of losing the genitals, the Oedipus-complex finds temporary settlement. The child achieves this difficult denial through assimilation, through changing the outward denial into an inward one which is solved in its personality and forms one of its integral parts. We call this transaction *identification*. In these first identifications Freud sees the beginning of a new stage, a new differentiation of the Ego, which he calls *Super-Ego*. This last product of differentiation acquires an increasing importance in the course

of development. It is the conscience, the critic and judge of all our thoughts and actions.

The impulses, under the menace of castration, are repressed and undergo different fates. Each of them bestows upon the developing personality its features. Two of these fates of impulses are of a special importance for the formation of neurosis: *Reaction* and *Sublimation*.

Repression, the removal of instinct-wishes from consciousness, is a universal and normal psychical process to which we all are subject. Its consequences, the formation of reaction and sublimation are also represented in every psychical organism. They are measures to safeguard the efficacy of repression and were produced under the influence of the educating and valuating powers. Thus they represent transformations of the Ego, through the pressure of the Id. The stronger the instinct-wish had been, the stronger the formation of the reaction. Such reactions are the transmutation of the childish scopophilia into bashfulness, of the former coprophile into loathing his faeces, of cruelty into sympathy.

Sublimations too are enforced metamorphoses of the Ego, through which the desexualized instinct releases its primary aim and uses the instinctual energy on social aims. A child that is fond of painting and that shows skill and assiduity in this occupation proves that it has happily sublimated its coprophile dispositions. Our desire to acquire knowledge, our energy in scientific research, are derivatives of a sublimated sexual curiosity.

When in the so-called latency-period the instincts lose part of their intensity, the sublimation-processes may work more efficiently. The child, no longer overwhelmed by its instinct-wishes, begins to accept reality and to adjust itself to the demands of the pedagogues. The child enlarges its mental realm, and gradually appropriates the moral, ethical and aesthetic standards of its surroundings, and in this way shapes its Super-Ego. With an obedience, perhaps not at any time available for the authorities of the outer world, it complies with the requests of its inner voice, which not seldom requires real sacrifices. It is educable, and in these years, from the fifth or

sixth to the eleventh, it acquires the fundament of its intellectual character and of its social personality.

This psychical period of preservation is followed by pre-puberty and puberty. Man is the only being who is not allowed to pursue the path of instinct-development straight on. After the first early blossom which is unruly and unrealisable after the latency period, there follows again a stormy period—the puberty-period. All the difficulties and all the slumbering desires from the first years of development revive.

We call it *fixation*, if a component instinct leaves an unusual quantity of libido in an earlier libido-position, f. i. in the oral or the anal zone. It is important to mention that within the frame of typical development such as a floating-back, such *regressions*, as we call these phenomena, take place after surrendered phases of development.

The consequence of the first situation which we have called the *Oedipus-complex*, is the receding of instincts. The consequence of the renaissances of puberty, is in successful cases the hurrying forward to realization. The different parts of instincts officiate in the service of the libido welded to the genitals, and of the procreation-function. The genitals concentrate the pleasure-possibilities upon themselves, and in the place of the incestuous objects appear newly-chosen objects from the outer world, which do not underly the incest-barrier, and permit the *realization of the genital desire*.

If we want to understand the way a character forms itself, and how a neurosis develops, we must once again return to the Oedipus-complex. The Oedipus-complex as an expression of the affective and sociological situation of the individual is to be considered one of the preliminaries of the formation of the personality which we call the “cultivated human being.”

The first identifications are the fundamental elements of the Super-Ego. Their effects are so enormous and indestructible, because they draw the furrows in which the later psychical events are at work, because they are the first objects of love, and because the frail Ego of the child is much more exposed to the outer influences than the stronger Ego of the adult.

The way the first identifications are worked up, is decisive

for the construction of the Super-Ego. "You ought to be like your father," is *one* of these possibilities of reaction. If the father happens to be a healthy and vigorous personality and if the child affirms the father, an active character is moulded from this side. But according to the extreme ambivalence of the childish sentiments such an absolute affirmation will scarcely ever take place. Another categorical imperative will always postulate "you ought *not* to be like your father." Let us consider the simplest case. A boy has a strong identification with his father. The father is very busy and religious. The child splits the father's qualities. Perhaps it becomes very active too, but the father's piety is reversed into aggressive atheism.

Naturally, however, the boy identifies himself not only with his father, but also with his mother. He wants to resemble her, and yet the obstinate defense "I would not be like mother," is never missing in any case. This basis of the Super-Ego is consolidated and increased by the later influences. All educating persons, everybody indeed who is of any importance to the growing child, all vivid mental impressions, are collected in the Super-Ego where they are worked up and leave their indestructible traces.

The problem of education is not to be grasped psychologically without the knowledge of the identification-mechanisms in the Super-Ego.

A harmonious, socially useful formation of character is only to be obtained if the single features are moulded into a harmonious and peaceful mixture. The classical example of such a happy combination Goethe described in his famous autobiographical poem:

Vom Vater hab' ich die Statur,
Des Lebens ernstes Führen,
Vom Mütterchen die Frohnatur,
Die Lust zum Fabulieren.

We must not expect this identification to be a purely ideal one. Not exclusively mental effects and the production of an ethical personality are created, but parallel to these the instincts have their way. Freud distinguishes two kinds of

instincts: the sexual and the death-instincts. The investigation of the sexual instincts offered such an enormous field of activity to psycho-analysis that the research of the more intricate death instincts which were not so easy to investigate and the representation of which proved rather difficult, got somewhat in the background.

Yet, if we try to understand profoundly the structure of personality, it is not sufficient to consider facts merely from the sexual point of view. We never get into contact with unmixed derivatives of the libido, but always with alloys. In two instinct-mixtures we meet most frequently with the death-instinct: in sadism, as an alloy with object-love, and in masochism, connected with the Ego-libido. The instinct-mixture represented by sadism can more easily be used for social aims. Sadism in its sublimation means activity, and thus becomes a powerful pillar of culture. Also sympathy, a reaction to sadism, is one of the outstanding social binding agents and the most important social principle.

Character therefore is to be interpreted as a sum of successful reactions. It is the pressure from the critical Super-Ego which compels the Ego to resignation. It is this influence too, which compels us to submit to all the renunciations, which are part of conflictless adjustment, of indispensable repressions and of instinctual transformations.

Every phase of libido-development leaves distinct traces in the character.

As already mentioned, the first form of instinct-satisfaction is closely joined to the oral zone. It is of the utmost importance for the future formation of character how far the satisfaction had gone. Some mothers draw a disproportionate pleasure-gain from the sucking-sensation. They not only allow the children to prolong the act of feeding, but also nourish them as long as possible, a circumstance which leaves deep traces in the future character of the child. The reaction upon the strong accent on orality may express itself in two different ways: either the unswerving optimism of such individuals is indeed crowned with a success which other people endeavor to reach without results, or on the other hand the well-known type

of the "eternal suckling," the man whose attitude towards life is marked by helplessness and who is firmly convinced that life is forever providing him with a careful mother, results from the same source. If this kind of optimism is not joined by energy from other libidinal sources it leads to disability. The choice of profession, hobbies and the whole social behavior are determined in a high degree by such oral influences. Many people *f. i.*, whose talents would lead them to higher aims content themselves with the small career of officials, because the regularly flowing source of their little income involves a possibility of satisfaction. Also the circumstance of being the sole proprietor of the mother's breast, often leaves distinct traces in the character. The love-demand of the neurotic man who wants to possess the beloved one so exclusively that he expects her not to care for anybody or anything else, is in some of its components obviously retraceable to this exclusive possession of the mother-breast. A well-known lady philanthropist told me that she had been born during a long famine in her country, and therefore had been nursed by her mother three full years. By identification with this kind and unselfishly distributing mother, she had herself become a kind and loving mother to an extraordinary large number of people of all ages.

Insufficient satisfaction of the sucking-pleasure is equally noticeable in the formation of character. Such persons always have a claim left, they are discontented, ever pessimistic, and permanently cling in a vampyre-like fashion to other people. Their relations are generally built on an oral basis. They show an enhanced impetus to speeches, which however proves that they are not free from a sadistic component—the magic wish to kill the opponent, though only mentally. As from sucking to biting there is but a short distance, both activities using the same erogenic zone, this path is already biologically planed. Features of character which are developed in the early oral stage, with its tendency to sucking, are underlying ambivalence much less than those of the second oral phase which is characterized by biting and sadism. Unpretentiousness and generosity are features from the early oral phase. Vivid in-

terest in all new experiences, bright and agreeable manners, are often the consequences of satisfaction in this early stage, whereas people who remained in the orally-sadistic stage show an aggressive and unkind disposition. The displacement of the sucking-pleasure into the zone of intellect bestows with effective impulses to craving for knowledge, scientific curiosity and research in general.

These earliest oral components of character are soon supplemented by *anal elements*. We are better acquainted with this type, the exaggerated features of which the psycho-analyst so frequently meets in compulsion-neurosis. In the same measure as the real possibilities of satisfaction by the mouth get lost, the importance of the anus increases. The action of opening and closing is removed to another sphere of the body.

The giving and keeping is in the centre of affects. The child is greatly interested in its excrements. (In pathological cases this interest returns in later years in the form of megalomania). The child has the tendency to draw the utmost pleasure-gain from the defaecation. Hence it does not submit willingly to the routine fixed by the nurse, but keeps, its faeces at its own sweet will, until it pleases to part with them. In later life such people find it difficult to be members of a community. They refuse to do things at dates fixed by other people, they postpone things to the last moment—in spite of this they sometimes do them with a rare exactitude and thoroughness. They are frequently imperturbably convinced that they do everything better than other people, and accept no help from anybody. Their infantile impulse to control defaecation often causes a downright mania of self-control and reticence which in extreme cases is adequate to mental obstipation and a complete spasm. Freud described a trio of qualities which in the one or the other reaction are regularly found in predominantly anal personalities. These features are orderliness, parsimony and obstinacy. But even these qualities are ambiguous examples. A woman of an anal character keeps her household spick and span, and occupies herself and two servants exclusively with tidying—yet her dress is always soiled. In this and in many cases this is a family feature. Her sister's hands and nails

are badly kept, a startling enough coincidence in a well-to-do family. But she takes her rings every week to the jeweler to be cleaned. A man with a compulsion-neurosis spends whole hours with calculating how he could spare money for his food by getting invitations. He wastes his time on these calculations and other trifles, until he gets completely unable to earn his living. A too energetic suppression, or a too early resignation of the defecation-pleasure may produce a reactive pliancy, which remains in a permanent conflict with the latent obstinacy. The self-reliance of the child is closely connected with this first production, a connection mentioned especially by Jones and Abraham. The child attributes to its faeces magic effects and a symbolic importance. Gold as the symbol of excrements is to be found in the myths of many people. When the devil leaves his paramour, his gold turns into mire.

All gold and silver rather turn to dirt!
As 'tis no better reckoned but of those
Who worship dirty gods.

—(Shakespeare, *Cymbeline*, 3d act).

On the way over this symbolic equation of gold lie avarice and the valuation of money. Prodigality is only the other extreme. It means defecation-pleasure in the place of retention-pleasure. The productivity of every individual is in a high degree dependent on his anality. A writer with a compulsion-neurosis told me that with him a new phase of artistic production always announces itself by an attack of diarrhoea, the beginning of a disturbance of the productive vein by obstipation. To sum up these details we must state: Anality alloyed with sadism is one of the chief components of the formation of character. The stigma and the danger issuing from this phase is the ambivalence peculiar to this pregenital organization.

Successfully worked-up anal tendencies are of a high social value. They produce perseverance, activity, organization-talent, exactitude, charity, intellectual and artistic productivity. Personalities of a special cast like Napoleon and Bismarck are the result of these tendencies. In less successful cases we observe the other extreme, in the form of arbitrari-

ness, inability to submit, irascibility, bad temper, endless lingering, want of pluck, and pedantry. Conclusively we state that well worked-up oral features are solved in genitality and cannot be isolated. Less favorable solutions and regressions to the oral phase we find frequently in the syndrome-complex of the psychoses where they offer great obstacles to research. The optimum is reached if the intense sucking-in is united with a sufficient tendency to restore. The oral tendency will always hurry forward, the other components must add a delaying and deepening influence.

In the formation of character as in neurosis the reaching of the genital stage of libido-development is the decisive point.

When the genital stage is fully reached all great ambivalences, accompanying every pregenital phase, disappear. Man becomes capable to perform also sublimated object-cathexes, inhibited in their goal, besides the mere instinct-satisfaction. He is capable of manifesting tender and careful aspirations, to form relations considering objective facts of the outer world.

In this matter, as everywhere else, the way the Oedipus-complex had been worked-up is the decisive factor. A successfully worked-up Oedipus-complex disengages psychical energies which become free for new aims. If it is insufficiently worked-up, the psychic energies remain fixed, and the unfortunate individual who is thus in the power of unsettled conceptions, is driven into worthless or disturbing reactions. Disfigurements of character and manifest neuroses are the result.

Another cause of deformation of character is the constitutional reinforcement of the death-instincts. In such cases sadism inundates the Super-Ego and allows the unprotected Ego only the outlet into masochism. This is the genesis of the masochistic character. Such people may perform social work of the highest order, but they remain unhappy and enjoy neither success nor pleasure, their Super-Ego forbidding them any satisfaction. The Ego which not only controls motility but also acts as a regulator in the service of the Id and of the Super-Ego as well as of the outer world, is thus obliged to sacrifice itself, in order to spare the outer world of objects.

Another characterological failure is due to the impossibility of uniting the identification-elements of the Super-Ego. This is the genesis of the so-called multiple personality. The opposing identifications behave like disputing opponents who alternately usurp the reign of consciousness and of the Ego.

It is extremely important, with regard to the development of character and of sociability, that the first identifications should emanate from the dominating, educating, eminently social persons who are opposed to instinct-gratification. If this basis of privation is missing the individual becomes an unsocial, defective personality. This is the case if in early youth instinct-wishes like the Oedipus-desire are satisfied. The absence of this motive of sublimation and reaction deprives the Super-Ego of important components. Its gaps and defects incite the individual to try to enforce his wishes by means which the outer world cannot tolerate.

The outstanding feature of the instinctual character is the uninhibited yielding of his wishes. The insufficient repression, the perversion, and the disturbed action of the Super-Ego are responsible for this unfavorable development.

Other deviations of character too, result from faulty identification. A girl whose identification with her father is too intense will refuse to play the female rôle in life. A normal development of the character of a girl contains many identificational elements of the mother, while the normal boy identifies himself chiefly with his father.

The neurotic character and the neurosis with symptoms can only result from an internal conflict, a privation. External conflicts, external privations may often be the ultimate impetus, but the internal conflict, *the conflict between the Id and the Super-Ego which the Ego is unable to solve* is the decisive cause.

In spite of the instigations of the Id to fulfil its own urgent instinct-desires, the severe Super-Ego forbids their satisfaction. The repressions created through fear of the Super-Ego are only partially successful, the forbidden Id-impulses do not disappear completely, but hold the position, though in the changed form of surrogates and symptoms. Defective repressions or exaggerated reactions are the result.

Under such circumstances the repression of the libido is inevitable. If for instance the genital libido sticks to the incestuous object while the Super-Ego refuses the fulfilment of its wishes, the regression must take place. The stream of libido stopped by these obstacles, floats back. On its way it reaches pregenital places of fixation, correlative to the past phases of development, and revives them. In serious cases of neuroses the primacy of genitality disappears, and the part-instincts become active.

Every neurosis contains such regressional libido-developments. The way this defense against the forbidden idea is organized is different in the different forms of neuroses. In hysteria, repression is the most frequently used means of defence. Compulsion-neurosis employs several defence-mechanisms: Repression, displacement, negation, and the isolation of ideas which are thus withheld from comprehension and consciousness.

To sum up briefly: Freud's psychology interprets man as an instinctual being, determined by psychic powers. Freud discerns two kinds of instincts: the death-instincts and Eros or the sexual instincts. The sexual instincts which are governed by the pleasure-principle insist on gratification. The equally powerful death-instincts oppose themselves to this urgent desire. It is this eternal change between tension and detension which characterizes all psychic movement.

The construction of the personality is a product of differentiation. The Real-Ego is split from the Id and becomes the gate to the outer world. The Super-Ego, differentiated from the Ego, intensifies the ethical commands.

Freud says in his book, "The Ego and the Id:"

If any one were inclined to put forward the paradoxical proposition that the normal man is not only far more immoral than he believes but also far more moral than he has any idea of, the psycho-analysis, which is responsible for the first half of the assertion, would have no objection to raise against the second half.

This proposition is only apparently a paradox. It simply states that human nature has a far greater capacity, both for good and for evil, than it thinks it has.

Neurasthenia and Hypochondria

Introduction to the Study of the Neurasthenic-Hypochondriac Character

By PAUL SCHILDER, M.D., Ph.D.

The neurasthenic patient has always been a riddle from the psychological point of view. Beard believes in a spinal irritation. The psychoanalyst Landauer considers neurasthenia an organic toxic state that is not to be understood from a psychological point of view.

Freud subsumes neurasthenia and hypochondria under his group of "actual neuroses." He holds that an actual neurosis occurs when there is a present difficulty in living out one's sex tendencies. These difficulties may consist either of abstinence or coitus interruptus or condomatus or frustrated sex excitement. Freud even has the idea that special forms of actual neurosis follow the various types of somatic sex dissatisfaction. The dissatisfaction has an immediate toxic influence which provokes anxiety—neurasthenia—hypochondria.

Stekel, Jones and Schilder have stated that anxiety is not provoked by an immediate toxic influence but follows a repression and is a product of conversion. Freud himself does not believe today that anxiety develops from somatic-toxic effects, and instead sees in anxiety a psychic reaction to a dangerous situation. The danger may be outward or may be an inner tendency which leads into dangerous situations. He is not concerned at the present time whether or not a conversion of libido into anxiety takes place. His conception of anxiety has undergone important changes.

Nevertheless, he still maintains his opinion that neurasthenia and hypochondria are caused directly by toxic influences of sexual energies and sex products not properly used.

Reich shows that neurasthenic troubles occur following a sex conflict. By means of this conflict the unemployed sexual energies are converted into something else. To him the neurasthenic symptom is not the immediate effect of sex products but the result of the conversion of this sex energy.

The chief symptoms of neurasthenia are as follows: fatigue,

inability to concentrate, pressure on the head, dizziness of a mild degree and troubles in sexuality (impotence); spermatorrhea, troubles in sleep, are rather common. Hypochondriac fears and hypochondriac sensations occur often.

When one reviews the superficial clinical facts two things become obvious. Neurasthenia, in the first place, occurs in a much higher percentage in men. Secondly, there are especially two ages which seem to be predisposed to the acquisition of neurasthenia: puberty and the age of forty. But these two ages are those in which special psycho-sexual developments take place. The age of puberty is the adaptation to the new sex task. It would be too narrow to suppose that there is only a sex task that has to be solved in puberty. The whole life, as a matter of fact, has to be rebuilt and the way has to be found from exuberant day dreams to the narrower paths of reality. The ideal of ego undergoes changes. The whole process is not a continual development, but goes in phases. The partial desires and the genital sexuality push forward, break through, and are immediately pushed back again by an ideal of ego which is extreme in its repressing power. Irregular waves of unlived-out libido are then converted into neurasthenic symptoms. The unsatisfactory release brought by masturbation sets free sadistic tendencies which, incorporated in the super-ego, increase the feeling of guilt which comes from many sources.

The increased pressure of the ideal of ego converts the unlived-out libido into the manifold neurasthenic symptoms of youth. The common fears in connection with masturbation are that one would lose one's mind, that one would become weak and unable to work. All that is very closely connected with the castration complex. There is even the fear of losing every possibility of enjoying sex—what Jones calls *aphanisis* (disappearance of sexual potency). Hypochondriac traits are common. All activities in connection with sex are watched with suspicion by the patient. These neurasthenic and hypochondriacal symptoms are primarily the expression of a desire to enjoy one's own body without caring much for the outside world. It is a regression to the narcissistic stage. At the same time the ideal of ego forbids its enjoyment in an open way.

There is even a desire to get rid of a body which, by its too high a libidinous pressure, endangers the adaptation to outer reality demanded by the ideal of ego. This is the theory of the genesis of hypochondria that Freud has given. He compares the organ which is in the center of hypochondriacal attention with the genitals which also always furnish sensations that try to take possession of the whole personality. What I want to emphasize is that in puberty there are many factors that prevent the realization of the libido, which therefore is stored in the body and provokes the neurasthenic symptoms. There remains only the question why do neurasthenia and hypochondria result in these particular symptoms? But we have postponed this question until we have discussed the psychic situation of men during the ages of forty and forty-five.

Forty or forty-five is the age when a strong ideal of ego has been built up. A definite position in society has been reached. A façade has been built up which shields one from the uncontrolled tendencies of childhood and adolescence. In order to climb the social ladder, in order to build up this façade, many renunciations had been necessary. Perhaps even too many! The chase after social honors and wealth (they are closely connected with each other) is already partly due to the compensation of libidinous tendencies. The Ego-ideal at forty enjoys control over the Ego. There is a great amount of self-love in the successful business man of forty. His activities in practical life, it is true, partly satisfy his sadism in a sublimated way. His ceaseless insistence upon work is partly a satisfaction of sadistic tendencies against objects and co-workers and partly a sadistic self-punishment directed against the ego. But these self-punishments make it possible for him to give himself value the more. After the self-punishments he enjoys himself in a narcissistic way. Of course, there is some danger that if this façade be impaired there will no longer be any possibility for object cathexis. Neurasthenia never occurs from overwork alone. Only if there is a failure in business or such a success that further progress is not any more attainable the person gets his "nervous breakdown" and will finally declare that it was not worth while to put the whole libido into the work.

Certainly it is a problem why persons work "too much" and it is a question of the greatest importance why in modern civilization labor has become a value in itself. The same processes, repressing the genital libido, increased sadism, sublimation of the sadistic tendencies in work and self-punishment by means of work which take place in the single individual also occur, as far as I can see, in the mass, and give to our era the stamp of restlessness, simple-mindedness, hurry, and ceaseless labor. In so far as this is true the present civilization is responsible for the increase of this particular type of neuroses. When the individual feels that it was not worth while to submerge the better part of his personality in work and to renounce love, neurasthenia sets in.

This psychic development can only be understood if we get an inside view of the love life of the average successful man of forty. He has not generally the courage requisite for a real deep love. He prefers eroticism of the superficial type. He frequently keeps his love objects directly or indirectly much more by his social position and wealth than by his personality. He debases his love life. The very fact that in social activity so many sadistic tendencies¹ are satisfied takes energy from the genital libido. No wonder that sooner or later difficulties in potency occur. It is from this point that neurasthenia often starts. We understand now better why neurasthenia in that age is especially a disease of men. We should not forget that the coming fifties with their bodily changes make sex-adaptation more difficult.

These are the actual situations which determine the outbreak of neurasthenia. As has been mentioned, hypochondriac trends are also common. They prevail often. The border-line between hypochondria and neurasthenia is not sharp at all. The hypochondriac is in fear of a serious somatic disease. He has sensations which justify his suspicions. Mostly he does not actually believe this but he is very near to this belief and is afraid lest he be convinced of the fact. At the same time it is not possible to convince him that his fears are without basis.

¹ We know that with the sadistic tendencies of grasping and overwhelming are connected tendencies of keeping and retaining. Here the interest in money comes in. The connection with the anal tendencies of retaining is obvious.

But his actual complaints are not so far different in their nucleus from the neurasthenic complaint. When there is not belief but conviction there begins the region of hypochondriac psychosis.

But still also when there is real hypochondria the relation to reality is not as close; the ideal of ego is not as strong as in neurasthenia. Hypochondria is, at any rate, nearer to psychosis. The actual cause of hypochondria is not always as clear as in neurasthenia. The relation to the successful age is often absent. The constitutional factor may prevail. What that means from a psychological point of view will be discussed later.

But the hypochondriac, as well as the neurasthenic, does not agree when he is told that he has problems of psychic adaptations. He believes rather that there is something going on in his body; or in other words, neurasthenic and hypochondriac symptoms are projections from the psychic sphere of central interest to another sphere which is at least felt as somatic and does not belong to the nucleus of the personality. It is felt on the periphery of the Self. But we should not deny that a real somatic change takes place when hypochondria and neurasthenia symptoms occur. Freud and Ferenczi believe that in hypochondria there is indeed too much libido in the organs; libido is dammed up there. And libido is also a somatic agent. We have at least the right to speak about a tendency to conversion, although the final proof that there is some change in the body cannot be always given. But vasomotor changes are often obvious, there is constipation and spastic states of the bowels and in addition there exist, impotency, spermatorrhoea and prostatic over-secretion. Conversion does not only take place in hysterics but also in neurasthenia and hypochondria. It is worth while to compare these two types of conversion.

TABLE OF SIGNS OF CONVERSION IN HYSTERIA AND NEURASTHENIA:

<i>Hysteria</i>	<i>Neurasthenia</i>
Amnesia Hallucination.	Lack of concentration.
Spasms, Paresis, Fits.	Pressure on the head.
Disorders in sensibility and sensation.	Dizziness.
	Fatigue.
Hysteric points and phenomena of spontaneous pain.	Hypochondriac sensation.
	Hypochondriac pain.

Vaginal anaesthesia.

Troubles in potency,
Spermatorrhoea.

Vasomotor troubles.

Vasomotor troubles.

Organic diseases.

Constipation and spastic states of
intestines.

Palpitation.

This table shows that the tendency to conversion is in common with hysteria and neurasthenia. But it becomes immediately clear that the hysteric gets rid of his psychic problems by a mechanism which is more careless of reality. Amnesia and hallucination neglect reality with less care than, for instance, lack of concentration or pressure of the head. The queer feelings of the neurasthenic are not as far removed from reality as the hysteric anaesthesia. This difference has very likely something to do with the greater tendency of the male of especially the age of forty to stick to reality. But hysteria as well as neurasthenia reach into the organic depths of the body, into the field of real conversion. Doubtlessly the conversion is very closely related to projection; in comparison with our inmost feelings and strivings the body is "outward." And when conversion takes place what has been a psychic problem, is now a disease of the body which belongs partly to the outward "world," although not so far outward as other objects. Hypochondriac and neurastheniac disorders are therefore described as if there was an object in the organs. The patients speak about a ring pressing the head together, about lead in their limbs, something solid in their liver or abdomen, bubbles under their skin, etc.

Neurasthenia and hypochondria are—like other neuroses—ways of getting rid of tormenting conflicts. Their mechanism is one of conversion which tries to keep in closer touch with reality than the hysteric mechanism.

Hypochondriac and neurasthenic symptoms must, therefore, have an unconscious meaning.

Let us review from this point of view the different symptoms of neurasthenia. The various troubles of potency, such as premature ejaculation, incomplete or absent erection, inability to enjoy orgasm ("orgastische Impotenz"—Reich.) are the expres-

sions of renouncement of genital libido for the social activity which is, as we stated, partly sublimated sadism of a more primitive origin. In adolescence it is often very clear that the progress from the partial desires to genital sexuality has been checked. Sadistic urinary and anal tendencies can be very easily found.

In one of my patients with premature ejaculation and occasional spermatorrhea, enuresis had persisted a long time. In one of his phantasies a man refuses a girl who is in extreme sexual excitement after having torn off her clothing, and has an ejaculation turning away from her. Another of my patients, a youth of 19, complains that he is unable to study as others do. Once, with a prostitute, he felt disgust of her greasy body and was impotent. Feels always tired. Would like to sleep the whole day. Has always the desire to rest. His head gets heavy and droops. Phantastic ideas about sexual inferiority, inferiority of his body exist. Discontented with not having enough hair on his body and therefore not being masculine. Believes that he looks like a hermaphrodite, that his nose is too big, and that he is too ugly. The patient is a very tall, stooping fellow, and has an infantile face. His genitals are normally developed. He had at the age of two epileptic fits that he does not know about. Behind this neurasthenic and hypochondriacal facade are very strong sadistic tendencies. Gets erections when he hears children crying. Sadistic games with a cousin between 12 and 14. But there are many ceremonies concerning urination and defecation. In early childhood refused to go to toilet. Before he goes to a party he has to urinate again and again. He also wants to have everything, including faeces, pressed out. Sometimes he feels as if he should pull something out of his head; he has to blow his nose. He gets an urge to urinate and defecate. Of course, that is an extreme case, but it shows clearly the mechanisms underlying the neurasthenia and hypochondria of adolescents and especially the motives of their impotence. There is a resignation of genitality, but it must not be forgotten that the neurasthenic and hypochondriac of later life still has his developed genitality. It is not so completely abandoned as in schizophrenia, and the regression to anal and sadistic tendencies is not so tenacious as in obsession neurosis.

Whereas the impotence of the neurasthenic indicates his resignation to genitality, the fatigue is the renouncement of the sublimated sadistic activities. It is in some way a phenomenon with a similar background as the melancholic inhibition and the abulia of the compulsion neurosis. Finally, the type of sadism which is turned into a symptom is different and also the structure of the ideal-of-ego and the adaptation to the reality is different in fatigue, abulia and inhibition.

The lack of faculty of concentration in neurasthenia is the continual complaint of those who believe that they have ruined themselves by masturbation. It reveals itself by that as a part of the castration complex transferred from below to above. I may remind readers that according to my experiences, the frequent complaint of schizophrenics that somebody takes their thoughts away has a similar basis in the castration complex (complex of being cut into pieces, and mental and physical mutilation). But of course the *withdrawing of thoughts* in schizophrenics and the lack of concentration in neurasthenia take place on different levels. Dizziness does not need an elaborate discussion since it is well known that dizziness always occurs when there are antagonistic tendencies in the psychic system.

Constipation and spastic states of the intestines may be the expression of the same tendencies of keeping and hoarding which led to accumulations of money and social prestige—a new illustration that interest in money and anal tendencies are closely connected. The youth about whom I have reported was extremely close-fisted and thrifty. But it seems that this interpretation is rather based on what we know from other experiences than from actual experience in neurasthenia.

Hypochondriac symptoms will be found especially in organs which were too much loved by the individual. In one of my cases, hypochondria occurred after a slight injury of the thumbs in a person who had always cared especially for her hands and had manicured them better than others of her social standing. Singers develop hypochondria about their beloved voice and throat. In another case of mine, an actor got hypochondriac sensations in his mouth after one of his teeth had been removed and replaced by an artificial tooth in order to give him a better appearance on the stage. Hypochondriac sensations symbolize the genitals. The sex pleasure no longer experienced on the genitals is now experienced on the symbolic genitals in the hypochondriac's organs. According to my experience, the hypochondriac sensation symbolizes much more often the male genitals than the female.

One may ask whether there is some relation in this to the

common hysterical symbolizations of the the penis. The answer is that in hysteria the clavus and the globus and many other sensations of this kind symbolize the genitals of special persons. The penis is not meant as the isolated organ but as a part of a personality which is loved and appreciated. The hypochondriac symptom is the symbolization of sex tendencies concentrated only on the genitals as such. There is not a relation to a special person behind that. One feels that more or less the genitals symbolized are the genitals of the hypochondriac himself. Of course, there are also female organs symbolized in the hypochondriacal sensations. There are caves in the body, consumption of organs, empty spaces. But we hear much more often about stiffening in the body, tight muscles, a piece of something sticking somewhere. Hypochondriac sensations are felt mostly 1 or 2 cm. under the skin. There is no organ which could not be the seat of hypochondriacal sensations and fears. In two hypochondriacal psychoses I have observed there were special hypochondriacal fears about blisters on the mouth. Both persons reproached themselves for either cunnilingus or penilingus.

There remains the question along what lines does the conversion take place? We shall never understand either the hysterical or neurasthenic and hypochondriac conversion if we do not know how one's own body is experienced. We have a picture of our body, the so-called postural model of the body, the bodily scheme, "Körperschema." It comes out in the phantom of the amputated hand. This picture of the body is the basis for our narcissism, our self-love is fastened on this postural model, and only self-love keeps this postural model of the body together. Self-love replaces the amputated limb, the phantom, which contains not only the experience of the immediate past, but also the experience of childhood.

If the phantom persists for a while, the hand becomes smaller and becomes like the hand of a child. The postural model is built up in several "time layers." It follows our everyday knowledge of the body. The differentiation between left and right is acquired rather late in the individual experience and therefore can be easily lost. We do not have a fair knowledge of our own skin. If we close our eyes we feel our skin

paradoxically "under the surface." The tonus of our muscle influences the postural model of the body. Whenever there is f.i. an increased tonus of the postural and righting reflexes the postural model gets distorted in the direction in which the increased tonus tries to pull the limb. Every sensory experience we may have is brought in relation to this postural model. We experience our own body not according to present sensations alone, but according to a scheme which we build up from the childhood on the build and rebuild again. In the building and rebuilding of this scheme narcissistic libido plays an important part.

In one of my cases, sadistic tendencies of cutting and tearing others to pieces were very strong, and the patient felt that she, too, fell to pieces. The inner part of the body is felt only as a heavy mass. Sensations of the inner parts are also in the normal only felt one or two cms. under the surface. That is the reason why in the so-called "Head's Zones" the hyperaesthesia is projected towards the surface of the body. As far as preliminary experiences of mine show, also pain in neuritis and in other internal diseases is mostly projected against the surface but does not reach it. We must not believe that the optic impression of our own body is accurate and conforms completely with the reality. If we keep our limbs in unaccustomed positions we lose the power over them. Finally, we never know how we really look. The more we look into the mirror the stranger we seem to ourselves. We never can perceive what is really going on on our skin. We do not know even how the skin of others looks. One is always astonished about the colors and lines of naked bodies. Therefore the condition of the skin is an inexhaustible source of hypochondriac complaints. They say the skin does not look right, but they complain also about the queer sensations in the skin. We understand those complaints better remembering that the normal also never feels the smooth surface of his skin, but a rather indistinct blurred border line². The relative vagueness of our postural model makes conversion from the genitals to other parts of the body possible. Special

² All the remarks about the postural model are based on personal researches I have carried on for many years partly with the co-operation of my co-workers Hoff and Hartmann.

attention should be given to the representation of the genitals in the postural model of the body.

We know that all the erogenic zones are marked especially in the postural model of the body, the nipples for instance. Every organ has a special representation in the postural model. This representation is changed by personal experiences. The actual postural model of an individual is in some way the balance of the present stage of the distribution of his libido. Conversion mostly takes place along the lines of the individual postural model which contains the history of our libido development.

If one compares from this point of view again the hysterical conversion with neurasthenic and hypochondriac conversion, one noteworthy feature appears. The hysterical conversion occurs in much closer connection with the individual's experiences. Hysteria takes place in the part of the postural model which has been built up individually, whereas the conversion of the neurasthenic and hypochondriac has less to do with the individually built-up part of the postural model but with the part which is rather common with all of us. It is interesting to compare from this point of view the variety of hysterical symptoms with the tiring uniformity of the neurasthenic symptoms. The single cases of neurasthenia are much more similar to each other than the single cases of hysteria.

I have frequently emphasized that uniformity of the mental pictures in a mental disease points to a lesion which is either organic or near to the organic sphere; at least in a layer which is very early, or even pre-natal, or prehistorical. Neurasthenia and hypochondria are also in this sense "narcissistic." The narcissistic stage is the stage when self-love is given to the whole body and the body is loved like one's own genitals. But we have to assume that those persons who get hypochondria or neurasthenia when having an actual impairment in puberty or later have a postural model which is labile and weak either in connection with early experiences we do not know about and which are perhaps beyond our descriptive faculties, or in connection with a constitutional weakness of the postural model. We can imagine this constitutional weakness of the postural better if we know that the functions of the parieto-occipital

lobe are the basis for building up the postural model of the body. Perhaps, however, this weakness of the postural model of the body is less a weakness of the scheme itself than the inability to put enough libido into the postural model. We call the point of fixation according to the psychoanalytical terminology, the layer of the psychosexual development which, either due to constitution or due to individual experiences has arrogated to itself too great an importance. The point of fixation for neurasthenia and hypochondria lies in the early stages of the development of the postural model of the body. By constitutional or acquired weakness in hypochondria and neurasthenia single parts of the postural are chosen out of the whole bodily picture and attract more libido than they should. Neurasthenia and hypochondria are diseases where the floating of the libido to the different parts of the postural model has been directed to particular spots. We have to imagine that libido is always floating to and fro, from the genitals to the other parts of the body and back. This flow of libido is changed by actual events of life which accord with the prehistoric weakness of the postural body. Of course individual experiences will give the particular coloring to the individual cases of neurasthenia and hypochondria. Besides the principal fixation mentioned above, there will be fixations in more recent layers according to the experiences in stages of life which can be more easily understood from the purely psychological point of view.

The postural model transfers its activities to the life centers in the diencephalon and midbrain. The stream of vaso-vegetative innervation is shaped and directed by the postural model of the body. We understand now better why we believe—also from the psychoanalytic point of view—that neurasthenic and hypochondriacal symptoms are also “organic.”

There remains only the question why the point of fixation lying in such a primitive layer in neurasthenia as well as in hypochondria, neurasthenics and hypochondriacs are still behaving as normal persons and are not psychotic in the common sense. Generally, we can assume that when a repression goes to very primitive layers there will not be a neurosis but a psychosis. This point of view is thoroughly justified, but we have

not only to ask how deeply the repression goes, but also whether the total personality is involved in the repression. The answer is rather simple. The repression in neurasthenia and hypochondria goes to a very primitive level, but only in the special field of the postural model. I may add that in the end every conversion, including the hysteric, affects the body and runs into the pre-historic periods. But in hysteria the major part of the personality remains directed towards the heterosexual love object, whereas in neurasthenia and hypochondria the individual continues to pursue his social aims. In brief, we could characterize neurasthenia and hypochondria as diseases of the postural model of the body or, in order to make use of a term which would be in accordance with Wernicke's terminology, they are *somato-psychoneuroses*.

Since, according to this psychogenetic scheme of neurasthenia and hypochondria we can grasp the actual psychic causes of neurasthenia and hypochondria better than the point of fixation in the postural model, it will be generally sufficient to explore the actual psychical situation of the individual. Where secondary points of fixation in the infantile period are of importance, complete psychoanalysis will be necessary. Since the postural model of the body is affected so much in neurasthenia and hypochondria and with it the love for one's own body, we understand that caressing the body's surface by means of baths, showers, and massage is so often successful, when at the same time the rest forced on the patient makes it impossible for him to use his libido for sublimated sadism (work) and for anal tendencies (money making).

We should consider the somatic treatment generally more from the psychoanalytic point of view. Massages, showers, douches alter the distribution of the libido. This change is partly going on in the conscious or unconscious, but partly very likely goes on in a somatic sphere akin to this conscious and unconscious activity. Here lies the connecting link between somatic medicine and psychoanalysis, and perhaps we shall understand the vasomotoric effects of hydrotherapy better if we know that in the psychic sphere hydrotherapy increases the individual's love for his own body.

The Anxiety Character

By ERNEST JONES, M.D.

In discussing the problem of the anxiety character it is necessary first to form some clear conception of what exactly one means by a neurotic character and how this differs from a neurosis or psychoneurosis. The problem is an important one. The condition known as neurotic character would seem to be quite as common as any form of neurosis and is second only to this in the amount of suffering it causes, directly and indirectly. Its chief practical interest for us, however, is the difficult therapeutic task it sets, for there is no doubt that a neurotic character is far harder to influence than any kind of neurosis. It is the field where psycho-analysis achieves one of its greatest triumphs, there being no alternative method of treatment available for the condition except the unprofitable one of moral homily. Indeed, it can be said that before the days of psycho-analysis the condition was hardly recognized as a pathological problem.

The distinction between a neurosis and a neurotic character can be effected on either clinical or pathological grounds. A rough formula in which both these points of view are represented is the statement that a neurotic character signifies a neurosis that has been accepted by the ego. We know that a neurotic symptom, on the contrary, is something that has been produced in despite of the ego, is something thrust on the ego against its will. It arises from a conflict between the ego and the instinctual basis of the mind which Freud has termed the id. An impulse which has previously been inhibited ("repressed") is re-animated, but is able to achieve its aim of obtaining gratification only after the expression of it has been modified by the influence of the opposing ego. The resulting compromise product is called a symptom and the question then arises of what attitude the ego is going to take up towards this unwelcome appearance. Curiously enough, it displays two opposite tendencies in this respect. On the one hand it

tends to continue against the symptom the same attitude of condemnation, aversion and antagonism as it had originally displayed against the impulse that led to the symptom being formed. It minimises the significance of the symptom, conceals its effects in every way it can, and thus disavows and discounts the neurosis to the best of its endeavor. On the other hand it also, when it can no longer deny the existence of the symptom, has the tendency of incorporating it as much as possible into its own system. It makes use of it, justifies it, exploits it and develops from its presence what is called the epinosic gain or secondary gain of illness.

Now the formation of a neurotic character is related to the second of these two tendencies and may, indeed, be said to represent the logical consummation of this. It mainly differs from it in taking place at an earlier stage in the whole process. Instead of a symptom being first formed and then absorbed more or less completely into the ego, the absorbing process is at work from the beginning. The result is that the invasion of the ego is much more diffuse than in the case we described above. The whole structure of the ego, i. e., the character, is permeated by the ramifications of the id impulse and is also modified as a whole by the reaction-formations which always arise in the defensive fight against this. You may ask how do these permeations differ from sublimations, which also represent id impulses that have been modified and accepted by the ego. This is not an easy question to answer and it is likely enough that there is no hard and fast line between the two. But, broadly speaking, the change undergone by an impulse that has been sublimated is more radical and intrinsic than what we have called the modifications of the impulse in the neurotic character. What the precise nature of that change is we do not yet know, except that it must involve a considerable degree of desexualization.

In the neurotic character, on the other hand, as in neurotic symptoms themselves, the sexual nature of the impulse is retained and is merely disguised through the contact it has established with the ego. A further point of distinction is that whereas sublimations are derived only from the positive

unconscious impulses, represent a continuation and modification of them, the neurotic character—again like neurotic symptoms—contains both elements thus derived and also elements composed of ego-reactions against the impulse. These reaction-formations are, of course, quite normal structures in themselves, though in many circumstances—through exaggeration, displacement, and so on—they may become pathological. In any discussion of neurotic character it is important to distinguish clearly between these two sets of elements composing it, the positive and negative ones respectively or—as I should prefer to term them—those derived from the appetitive and the reactive instincts respectively.

That specific libidinal trends in the unconscious could lend typical traits to the character was first shown by Freud in his original contribution on the anal character, one which was later greatly extended by myself and other writers. It was followed by the work by Abraham and Edward Glover on the oral character. The principal writers on the psycho-analysis of the neurotic character have been Alexander, Reich and Reik. From the very nature of the considerations adduced above, it was to be expected that types of character would be met with corresponding to the various psychoneuroses and this is found to be so. Perhaps the best recognized is the obsessional or compulsive character where the alterations of attitudes of doubting and of “mustness” so typical of the obsessional neurosis may permeate the whole of the subject’s thinking and doing. In the present paper we are concerned with the character correlative of the anxiety states, whether anxiety neurosis or anxiety hysteria.

Anxiety itself, as distinct from normal fear, is always a psychoneurotic symptom. Its presence in a mental state, whether acute or chronic, slight or intense, does not therefore in itself justify us in speaking of an anxiety character in the strict sense of the term, even though in popular parlance we may rightly say that a given person has all through life an anxious disposition. Nor do defensive reactions against anxiety justify us in speaking of an anxiety character so long as these remain localized, as they do in phobia formation.

When, then, may we designate any personality as an anxiety character? The answer I should give is only when both the anxiety trend and the reactions against it are built into the structure of the personality as a whole. Before defining what this entails it will be necessary to consider shortly the significance of anxiety itself.

In the oral and anal characters, primitive attitudes have so permeated the personality as to result in its tending to treat various situations in life as though they were acts of eating or defaecating. In other words, primary impulses are absorbed into the personality and thereupon influence the rest of it. In what sense can we say that this is true of anxiety? Until quite recently Freud has always held that anxiety was directly derived from libido, this being converted into anxiety through the effects of repression. At various times in the past twenty years I have had occasion to criticize this view as being an hypothesis for which there was no direct evidence and which biological considerations made highly improbable. It seemed to me that anxiety, whatever its clinical context, could only be one of the manifestations of the fear instinct, one which would belong to Freud's group of "ego instincts" as distinct from libido, to the reactive and not to the appetitive instincts. In his volume *Hemmung, Symptom und Angst* Freud has come round completely to this view so far as the anxiety of the psychoneuroses is concerned, though he still maintains the older view is valid in somatic situations. In a paper read this year before the Psycho-Analytical Congress at Oxford I have, on the other hand, tried to show that what might be called the biological point of view is applicable to the somatic situations as well, and if this proves to be true it must greatly affect our conception of the anxiety character.

Freud makes the very useful and important distinction between what he terms "signal" anxiety and "traumatic" anxiety, corresponding pretty well to the anxiety of the psychoneuroses and that of the neuroses proper respectively. He considers that the former, whether it appears in the form of general apprehensiveness or, more typically, in that of localized dreads, is an anxiety produced by the ego with the deliberate

purpose of warning the personality that a situation is developing which, if not checked, may become intolerable; the nature of the intolerability we shall consider in a moment. In this respect its function might be likened to that of the super-ego and it is plainly a defensive one stimulated by the approach of a certain danger. The "traumatic" anxiety on the other hand, develops when the danger itself is present, the condition for it being an unbearable amount of libidinal excitation which for various reasons cannot be discharged. As was remarked above, Freud still holds that in this situation the pent-up libido is somehow converted into anxiety and that the later "signal" anxiety of the psychoneuroses is, so to speak, conjured up so as to guard against the recurrence of the intolerable situation. I think it possible, however, to regard this intolerable situation not as something ultimate, but as one capable of further analysis, and to specify the danger element in it against which the anxiety would be a mode of defence. The danger in question I find to be the exhaustion of excitation which must ensue if stimulation be carried beyond a given point without adequate opportunity for efferent discharge. This state, to which I have given the name "aphanisis," is tantamount to the ego being completely deprived of the capacity for libidinal functioning: It is a castration effect on a grand scale. According to this doctrine the ensuing anxiety would be, just as in the psychoneurotic situation, a purely defensive reaction on the part of the ego, a part of the general biological function of the fear instinct.

In the permeation that results in an anxiety character we should, therefore, seek to divide the component elements into two broad groups, those derived from whatever agents tend in the direction of the primal danger, ultimately aphanisis, and those derived from the anxiety itself. Unfortunately, however, the matter is by no means so simple as this, for a large number of neurotic mechanisms are derived from secondary reactions to the primary reactions themselves. The matter can perhaps best be illustrated by reflecting for a moment on the cognate themes of guilt and hate. Both of these are plainly of a reactive nature, hate being itself a reactive instinct and guilt

a more complicated product having the obviously defensive function of inhibiting various impulses that might evoke danger or disapproval. Now analytic experience shows that any of these defensive reactions, created to protect against something intolerable, may in turn become such a burden to the ego that the latter has to generate some fresh reaction, of a secondary kind, to shield it from the pains of the primary defensive reaction: the savior, as so often in ordinary life, becomes so objectionable that one has to be saved from him. For example, guilt may inflict such misery in its endeavors to protect the personality from some primary danger that the personality finds it necessary to ward off the pain of guiltiness. A common way of doing so is to develop hatred of whatever person has got connected with the troublesome guilt; most hatred in the world arises, in fact, in this way. Instead of feeling guilt in respect of a supposedly disapproving person, one regards him as a tyrant who can thus be justifiably hated as being in the wrong.

The constituents of an anxiety character have therefore to be divided into three; namely, one positive trend and two negative reactions, the latter being primary and secondary respectively. Let us now consider these in order. We have first to ask what situations will produce anxiety, and then what factors will decide whether this will express itself in the pathological symptom of anxiety or in the complex we call an anxiety character. The first of these questions is easier to answer than the second. Anxiety arises whenever there is enough tension from libidinal excitation that is not being discharged. This degree of tension may be approached, therefore, either from an increase in erotic excitation or from the functioning of whatever opposes the discharge of it. Of the familiar matter of direct erotic excitation, though a complicated theme in itself, it is not necessary to say anything here, but it is worth calling special attention to its indirect aspects.

Trouble often arises when the *sublimations* of a libidinal impulse are over-stimulated by the exigencies of life, either absolutely or relatively to the amount of obstruction present. A very common example of this is when someone is called on

to think or act rapidly in several ways at the same time. With many people this very factor of complexity is enough to over-tax them and produce a state of bewilderment, distraction, embarrassment or perhaps unreflective impulsive action. They become what is colloquially known as "hot and bothered." Indeed, there are few better tests of a person's capacity to sustain excitation, which means nothing less than his mental stability, than is provided by observing how cool-headed he will remain when a number of calls are made on him at once. Those who have to devote a considerable proportion of their mental energy to maintaining their repressions have correspondingly less to apply to such emergencies and are, therefore, prone to develop in the circumstances some manifestation or other of anxiety. We know, of course, that in such tense moments all sorts of other reactions may appear besides that of anxiety, such as signs of impotency, regression to the perverse pre-genital activities—one may instance the characteristic anal sense of rush in this connection—but we are not concerned with them here.

It was remarked above that the breaking point of stability may be approached either by excessive stimulation or by the over-functioning of whatever opposes discharge. Except within the first few months of life the main obstacle is internal prohibition, commonly accompanied by a sense of guilt all of which may be entirely unconscious. In the last analysis all libidinal privation may be reduced to two elements, a threat to the genital organ or to the accessibility of the loved object. Obviously such threats may be brought about in a very large number of ways. To anyone with an active castration complex the situations that can symbolize this danger and thus reactivate the fear are endless: any serious thwarting, the threat of a surgical operation, the loss of a treasured possession, and so on. The other element of privation may be brought about by external accident, such as death of the loved object, but much oftener by occasions—slights, rebuffs, etc.,—that give rise to doubt about the extent or certainty with which the person is loved; naturally anyone whose potency or sense of security has become bound up with the attitude of the desired

object will be correspondingly sensitive to any variations in this attitude.

So much for the first two constituents of the anxiety character—the positive trends and the primary reaction; namely, anxiety. On what now will it depend whether this anxiety will remain a general one, what is called a free floating anxiety, or become localized under the protection of a phobia mechanism, or, finally, will become absorbed into the personality as a whole and constitute this into an anxiety character. Here it is easier to ask questions than to answer them.

Is it, for instance, a sign of a stronger ego when it repudiates the anxiety as it does in the case of anxiety symptoms, or when it accepts it, as it does in the anxiety character? In the latter event it is as though the conscious ego agreed with the unconscious part of itself that proclaims the imminence of danger. It then develops an attitude towards life—essentially, of course, towards people—which is based on the conviction that life is hostile to it, that it is full of dangers that have to be guarded against. The result may be either a generally timid character, one at times not far removed from the symptomatically apprehensive one, or a firmer one that can be described in terms of cautiousness. That the outcome is influenced by non-individual factors, racial, historical, climate, etc., is suggested by the geographical distribution of these variants. It is for example, notorious that the Teutonic inhabitants of the north of Great Britain are usually more “cautious” than those of the South, and that general apprehensiveness is a very frequent characteristic of Jews in whatever country they live.

We have at last to consider the secondary reactions that go to make up an anxiety character. By this we mean reactions that are developed in order to deal with the anxiety itself when the quantity of this is so great as to become objectionable to the personality. The two best recognized of these are guilt and hate. The precise relations of guilt to fear are still so obscure that I will not embark on a discussion of them here. One has first to decide, for instance, whether guilt is a reaction to anxiety, destined to shield the personality from this, or whether

it is a primary reaction, parallel to anxiety, against the same positive trends that lead towards the dangerous situation. What is certain is that no considerable quantity of anxiety is ever found clinically, either as a symptom or in character formation, without a notable amount of unconscious guilt being also demonstrable by analysis, and, further, that the guilt and anxiety are so intimately connected with each other that to resolve one means to resolve the other.

Much better understood is the relation of hate to anxiety. There is no doubt that hate constitutes an efficient guard of the highest order against anxiety. The two commonest manifestations are anger and irritability, corresponding to acute and chronic situations respectively. One might illustrate this from the familiar field of motoring. We have all noticed how a sudden danger makes a driver want angrily to curse the other fellow and how he in this way conceals—or to the psychologist reveals—his panic. Similarly if a “clutch and brake passenger” (one who presses his feet on imaginary clutches and brakes in emergencies) is subjected to long enough strain he will tend to conceal his apprehensiveness under a show of irritability. A good deal is known about the meaning of the hate reaction being prominent in character formation. It indicates a fixation at the pregenital anal-sadistic level and signifies a precocious development of the super-ego during this phase of libidinal evolution.

The Hysterical Character

By FRITZ WITTELS, M.D.

There are numerous detailed descriptions of the hysterical type to be found in text-books and monographs. Clean-cut, circumscribed psychoanalytical presentations, however, are lacking. The following summary is the result of clinical observations of hysterics. In accordance with the suggestion advanced by Helene Deutsch and other analysts, we distinguish conversion hysteria, spasmodic hysteria and anxiety hysteria. Anxiety hysteria leads us to the subject of phobias, this essay, that is to say, to the *hysterical type*, in so much as there often develop no specific symptoms, yet form the nucleus of a fearful hysterical character.

Hysteria appertains to woman as fear does to the child, and coercive mechanisms to man. It is true that coercive conditions in the case of women and hysteria in the case of men are of frequent occurrence. They occur on the basis of the congenitally constitutional bisexuality common to both, and of those pregenital phases of development which as yet are unaware of the difference between the sexes¹.

All the activities of hysteria, infantile and feminine as well as creative, show play characteristics. Their accomplishment is not stable; it is unreliable, and subject to numerous disturbing influences owing to the fact that the masculine coercive moment is missing: the compulsion to completion and to permanency. The achievements, momentarily, exert a magic power, only speedily to dissolve, like a photograph which has been well developed but not fixed.

As an actress, the hysteric is capable of achievements that

¹ My observations, which are soon to be published, have led me to conclude that the line of development leads from the child over the woman to man, and over him out to the desexualized intellectual creator, i. e., the civilized human being. The point of fixation of hysteria lies between child and woman. The line of development, as I see it, may be represented by a circle which leads back to the child behind the creator. The hysterical type is specifically feminine, infantile and infantile-creative.

cannot be surpassed. But she is unreliable, and at times will prove to be unsupportably bad in the same or some other rôle. What is known in a lady's social life as "*journalière*" is hysteric. Even as a saint the hysteric cannot be relied upon, and occasionally lapses into the diabolic. As a loving woman she represents a veritable martyrdom for the serious, compulsive male who, enwrapped in love and enjoyment in an hour of happiness, sees himself betrayed the following day².

The hysteric character never frees itself from its fixation on the infantile level. Hence it cannot attain its actuality as a grown-up human being; it plays the part of a child, and also of the woman. The hysteric person has no actuality, she (or he) confuses fantasy and reality, that is to say, allows the law of the "Id" to enter into the ego.

The coercive type, too, reveals the invasion of his ego by the unreal. He, however, keeps this material neatly separated from the nucleus of his own personality. He confronts these actions with dignity, almost with solemnity. The hysteric has amalgamated the chaotic portion of her personality—which psychoanalysis since 1923 designates as the "Id"—in an indissoluble community with the ego. Hence all that the hysteric undertakes, thinks and strives to attain, whether real or unreal, is hard to understand, and still more difficult to bound scientifically.

She can do all save one thing: she cannot be compelled, she cannot compel herself. In her the coercive masculine element is not sufficiently represented. In a psychoanalytic sense she is a castrate, and when she develops symptoms she shows this plainly. When she shows none, the castration can easily be deduced from her behavior. In her symptoms and behavior, which are meant to compensate for the phallus, she expresses her lack of the phallus. What she creates is continually cast off again, as soon as she realizes that it is deficient, i.e., unphallic. No sooner has it been rejected, however, than something new must

² There are numerous literary examples to support this contention: Shakespeare's *Cressida*, the Abbé Prévost's *Manon Lescaut*. And also of male hysterics, such as Oscar Wilde's *Dorian Gray*.

be undertaken. This accounts for that restless hysteric creative power to which human culture owes so much³.

Since psychoanalysis has recognized the significance of the father, we notice reactions to the father problem on the part of all neurotics. There have been conditions and even cultures without a father. What the neurotics and types of those days were like we do not know. The hysteria and coercive neurosis of this day appear to us as reactions against the intrusion of the father and the paternal cult. The coercive neurotic fights against the compulsion of the superego with a species of passive resistance. He carries out, with ridiculous and paralyzing exactness whatever is demanded, and even what is not demanded. The hysteric has diluted her father-concept by a hundred thousand to one. She varnishes all that she does with her superego—no more than breath-thick—but as a consequence the reality and the terror of the superego are wellnigh lost. The coercive neurotic has too much direction—the hysteric has none whatever and turns in a circle.

The actual model of the fantastic creations of hysteria is the birth of the child. To achieve this most feminine of all achievements the masculine coercive rhythm cannot be dispensed with. It is—in the form of the coitus—the male contribution. The conversion of the act into the flesh and blood of the new-born babe is what the woman contributes. The hysteric impregnates herself, and in place of an actual child there then comes into existence a child of her fancy. This is more than a comparison. The imitation of an actual pregnancy by numerous abdominal symptoms is a phenomenon with which all physicians treating hysterics are familiar. In the search for the phallus the hysteric's nose, her arms and legs, which incline to paralysis or to excessive activity, become symbols in these conversional symptoms. Her mouth becomes a symbolic transference from below to above. Her blush is an erection. The fit of hysteria has long ago been seen through, and revealed itself as a coitus.

³ In Goethe's *Faust*, Mephisto says: "All that comes into being deserves to be destroyed." Hysteria acts in accordance with this principle. Mephisto's conclusions: "Hence it were better that nothing were to be given birth," is unhysteric, a masculine coercive idea. Mephisto is an agnostic. Hysteria has no doubts. Her motto is: "All that comes into being deserves to be destroyed, and therefore something new must continually be created."

Though less sensational than the attack of hysteria, psychoanalysis shows up just as clearly that all this restlessness which is known as hysterics is a perpetuated and purposeless act of creation.

The ego of the hysteric overflows the bounds of individuation. Since the compulsion of the real plays but a small part, the whole external world is drawn into the ego. It is amalgamated with the ego of the individual. What psychoanalysis terms "transference," therefore, is boundless and brimming over in the case of the hysteric type. Everything belongs to the ego and is cherished. The transference of the ego, the investment of the external ego by the libido does not even stop at the boundary between soul and body. The body of the hysteric—in a manner strangely obedient—is associated with her psychic actions. It speaks in the idiom of the organs, it has an opinion, wishes and feelings, and it expresses them.

The dread of pregnancy—in an ambivalent sense always connected with the wish to become a mother—may, therefore, in one case assume the form of claustrophobia, the fear of enclosed spaces, in another the fear of abdominal pains and swellings (pseudoappendicitis, pseudoulceration, dysmenorrhoea vomiting and nausea. Phobic conditions and discomforts alternate. So long as physical suffering exists, the hysteric feels that she is freed from her fear, and shows what Freud, together with Charcot, have called, "*la belle indifférence des hystériques*" (the superb indifference of the hysteric).

One of my hysterical patients, a young man who wished to share his father's life, and who to this end—quite unconsciously—imagined his own metamorphosis into a woman, suffered for years from ulcer of the stomach which was vainly treated dietically. When his father had a child in second marriage, the ulcer disappeared and a phobia took its place. The transference of the favorite subconscious wish to his own body no longer sufficed after the shock he had received, and the ulcer betrayed its psychic character in the form of fear, excitement and dislike of life. *Conversional hysteria* turned into *hysterical phobia*. Nor did *hysterical attacks* fail to put in an appearance, since the

young man's fear at times rose to veritable orgies of contemplated self-destruction.

This case, with its hysteric symptoms, oversteps the limits of a presentation of the hysteric type. Yet there is no hysteric character, who does not, on occasion, develop symptoms. And how could he fail to exploit his ability to draw his own body into the psychic nexus, in order to save himself conflicts and their accompanying psychic phenomena? They are metamorphosed, and thereupon cease to torment the hysteric.

Orgy and ecstasy are hysteria's veritable realm. In a state of ecstasy the boundaries between the ego and the external world, between body and soul, are blurred. This is exactly what characterizes the state of intoxication, in which all clean-cut boundaries, even those between desire and disgust, between joy and pain, between the permitted and prohibited, lose their outline. The hysteric desires ecstasy. Therefore he readily and with enjoyment abandons himself to the use of alcohol and all other intoxicant poisons. In some cases he realizes the danger and tries to avoid it, but notwithstanding this, the hysteric type represents the main contingent to the army of morphine—and other addicts.

Attempts at suicide are frequent in the life of the hysteric. The coercive type *insists* on living. In addition, he is sufficiently convinced of the ego-aliency of death to keep far away from it. But the hysteric does not take life, death or suicide seriously. By a hysteric attempt to commit suicide we understand one which is meant not to succeed from the start. It is a dangerous game played with reality, and many a hysteric who leaps from a window and is killed, neither wished nor did not wish to die. Nevertheless, there is a bit of compulsion even in toying with suicide, and since this feeling should be foreign to the hysteric type, we realize that a one hundred per cent hysteric character does not actually exist. It is always alloyed by a more or less important share of compulsion—that is masculinity. Nor is it to be expected that in the very case of the hysterical character the law of bisexuality will lose its validity.

The Compulsive Character

By BERTRAM D. LEWIN, M.D.

With the term compulsive character or compulsive personality (German: *Zwangsscharakter*), we designate those individuals who, though showing few or no symptoms of a compulsion neurosis in the narrower sense, yet have a character and a way of life identical with or similar to the character and way of life of the compulsion neurotic.

It will be seen at once that this definition is entirely descriptive, for it tells us only two things about these individuals: they are like patients with a compulsion neurosis in a general way, but differ from these in not having a feeling that they are ill, in not having what they consider symptoms. Plainly such a conception as the "compulsive personality" is a derived one, derived in fact from our experience with compulsion neurotics, and can make no claim to special theoretical value. Indeed, there are physicians who would make no distinction between compulsion neurotics and compulsive personalities; for them the latter have rationalized neuroses, or compulsion neuroses under cover (*"rationalisierte oder verhüllte Zwangsneurosen"* Alexander). They represent, to use the same author's terminology, "asymptomatic neuroses."

Persons with this character rarely come to the physician because of dissatisfaction with it, but like persons with an unsuspected diabetes who present themselves to the physician with an infection, they will consult him for some disharmony in their work or marriage, and he will find that he can do no more for their presenting difficulty without "treating" their character than his colleague in internal medicine could do for the infection without treating the "laboratory" diabetes. It soon becomes evident that the character is as intimately related to the problems as the diabetic tissue alteration is to the infection. In both cases it is the patient as an individual, with all that is amiss, who must be treated.

The analytic approach to the character is no different than the analytic approach to the symptom. Character traits, or at any

rate many character traits, have the same psychologic structure as neurotic symptoms; they are modifications of the ego set up to repress or ward off unwelcome instinctual urges. They are known as reaction-formations. Other character traits represent ego-acceptable modifications of these same urges—the sublimations. It is indeed a generally known fact that during psychoanalysis character traits may be modified, may disappear, or may be replaced by others, and these alterations in the character can be correlated with alterations in the symptomatology and sexuality of the patient. Ferenczi's epigram is quite just: from the standpoint of the psychoanalyst, the character is a neurosis.

To learn the deep psychological meaning of the character traits in a compulsive personality, we can best begin by considering the deep psychology of the compulsive symptoms. The compulsion neurotic feels cravings, or is obsessed by ideas foreign to his conscious personality: they are either pointless, or are such as offend moral or aesthetic feelings. Phantasies of killing some beloved person, of having sexual relations with a near relative, or of putting faeces in the mouth would be outspoken examples of such obsessions. On the other hand, other obsessive impulses are outspokenly moral or social; they frequently exaggerate the demands made on the individual during his up-bringing. The compulsion to wash the hands countless times during the day is an example of this class. Apparently pointless actions on analysis turn out to be symbolic of one or the other type of compulsion. To use our present-day terminology, the first type of compulsion is carried out by the ego at the behest of the asocial instinctual part of the personality—the id.

The second over-moral or over-aesthetic activity is executed by the same ego at the behest of the individual's unconscious conscience—the super-ego. To run counter to the super-ego and omit, for example, the ritual hand washing, would throw the individual into a state of fear or anxiety. Carrying out this act allays or wards off the anxiety, which is really bad conscience for gratifying unconscious instinctual urges. Behind the fear of the super-ego, genetically, is a fear of the father, the earliest prototype of conscience, the first upholder of the demands of

society. Sometimes instinctual gratification and conscience gratification will be condensed into one act; for example, symmetrical washing of the knees, which is "cleansing," may at the same time be a substitutive masturbation; or a moral compulsion may precede or follow one of the other type in order to cancel or repeal it. As the neurosis progresses, more and more compulsions come to give gratification, and ultimately the victory goes to the id.

The neurosis begins as an attempt at defense against the libidinal wishes represented in the Oedipus complex; in spite of the castration threat the incestuous objects of these strivings remain, but the genital quality of the relations is lost, and supplanted by the older sadistic and anal strivings—or to put it more technically, there is a regression from the genital to a pre-genital level, the anal-sadistic one. It is assumed that constitutional factors have been operative in these persons so that pre-genital interest in sadistic and anal functions was unusually well developed. Such persons were trained to neatness, propriety, and gentleness either with great difficulty or very harshly. When confronted by genital urges, they try to bring to bear against these the prohibitions found useful in their training in neatness; they also try to get around these prohibitions as they sought to overcome the will of those who trained them in cleanliness. Thus it is that the compulsion neurotic can clean himself from masturbatory (i.e., genital) guilt by washing his hands, a method he learned when dealing with his pleasure in getting dirty. This regression to the anal-sadistic level, with its substitutions of the pregenital strivings for the genital ones, brings it about that hate impulses and impulses to soil or debase regularly appear wherever there would be, at the genital level, a purely positive attitude to the object. In this way, the libidinal relations of the compulsion neurotic, whether to persons or to more abstract objects, are ambivalent; those he loves, he also hates. The over-moral and over-aesthetic character traits or symptoms are built up to help ward off the anal erotic and sadistic urges, represent in some way the opposite of these, and are "reaction-formations" or over-compensations for them.

The person with a compulsive character but without true

compulsions or obsessions as such has been through this same development, perhaps less quantitatively pronounced than in the neurotic; his ego too has become altered and shows the character traits which as reaction-formations serve to ward off sadistic and anal erotic strivings. However, he has been able to a greater extent to sublimate his id tendencies, that is, to modify them to conform with the demands of his own ego and with the demands of his environment. In studying the character of such a person, then, we should see how these reaction-formations and sublimations affect his attitude to his work, to abstract questions, to standards of behavior, to money, to authority, and to other persons generally.

It is a striking fact that, to speak from a purely descriptive standpoint, compulsive personalities are usually above the average in intelligence. They are also usually very ethical in their principles, sometimes to the point of being ascetics. They are under fortunate circumstances hard workers, conscientious, formal, punctual; yet in spite of this, they show a tendency to procrastinate and draw out their labors as long as they can. Nor are they, in spite of meritorious and apparently useful traits apt to be successful financially, for it is their tendency to choose unremunerative occupations, either those in which routine plays a large part, or else those in which the immediate result is not directly well rewarded economically, such as pure scientific research. It is their hope, however, that ultimately, perhaps posthumously, recognition will come to them, or that some prestige and power will accrue to them.

We are all acquainted among our medical colleagues with persons of the compulsive type. They prolong their internship and hospital training indefinitely, and then perhaps choose some poorly paying research position. Though irked by hospital routine they nevertheless write long detailed histories, and employ all possible methods of investigation, even though they may merely be obviously time-wasting and beside the point. In clinical practice these persons are surgeons who are meticulous in regard to the details of technique, internists who never quite finish a physical examination, repeating their auscultation etc., perhaps without coming to a definite diagnosis, neurologists

who can never quite decide whether a reflex is slightly exaggerated or not. Laboratory men may become lost in perfecting some trivial point in technique, which when perfected brings them no gain in the way of increased efficiency or knowledge. A tendency to indulge in irrelevant detail may also delay the practical execution or decision. A lawyer will be meticulous as to the details of his documents, correct and re-correct them, look up the law on cases having only a remote connection with his immediate problem, and in spite of great correctness and perfection in technicalities, still not have found the law appropriate to the case.

Such instances show very well some of the sublimations and character formations of the compulsive personalities. Their occupation represents a sublimation of instinctual (id) tendencies. In both the physician and the lawyer, these sublimations give the individual a chance to manifest ego-acceptable sadistic urges. The physician is permitted by his own standards and by society even to inflict pain in a good cause; the lawyer is permitted to "fight" his legal colleague or the party of the opposite side. At the same time they must serve their patient, client, or society, or even more generally the internalized representative of society, the super-ego. The fact that they "do good," "promote justice," etc., is this service to the super-ego.

In an entirely successful sublimation the ego's duty to the super-ego and to the id are happily settled in smooth efficient activity. But in the persons in question, this is not quite the case. The work must satisfy a larger quantity of id strivings than usual, and it is consequently treated to a certain extent as if it were really the unsublimated pleasure striving: the over-conscientious, meticulous, burdensome features are therefore accentuated so that the complementary demand of the super-ego for penance may be satisfied. At the same time the obvious triviality of the work may represent an unconscious persiflage of the demands of the super-ego, as if to say, "this is the silly sort of thing required of me."

Psychoanalysis has shown that work is a homosexual sublimation; a man, in obeying his super-ego, in doing his duty, is using those energies which as a child were included in his pas-

sive relation to his father. But the sadistic anal relation to objects which maintains in the compulsive personality brings with it an ambivalent object relation to the father also, and this is manifested by signs of unconscious hostility to the work, resistance to obeying the super-ego, and to doing one's duty. It is thus that we may understand the double attitude to work. A sense of the unconscious hostility lurking behind the work leads to the constant perfecting and correcting, technical compliance with rules, to make sure that the hostility does not really break through in some unconscious slip. The procrastination and detailed work also serve to lengthen the time put on the work: work also holds libidinal gratification and therefore is prolonged through as many means as possible. Since the work is usually a sublimation of anal strivings the procrastination may well be compared with the infantile attitude towards the "work" of defecating—in both instances the aim is pleasure through retention.

Compulsive personalities always have an attitude to money that goes beyond any rational principle. They carry with them some of the psychology of the child, who does not earn money (that function being a prerogative of the father), and to whom money either comes as a gift or as something stolen. In other words an unconscious sense of guilt may attach to the entirely necessary desire to earn money. As is well known, this represents an anal erotic manifestation. Compulsive personalities therefore choose professions, or in their work demean themselves, so that they may remain free from "dirtying themselves" with filthy lucre, and not compete against the father. A frequent habit of such persons is to accumulate money without investing it usefully; thus they avoid competing (i.e., fighting), and at the same time indulge their anal erotic wish to amass.

Their relation to authority is usually quite characteristic. They ask advice of some person (usually a father figure) before making decisions, even though this person is not necessarily more competent than themselves. They usually engineer it so that this person's opinion will be the one they themselves wish. For the moment this person is put in place of the super-ego, so that he may give them authoritative permission to carry out

some piece of behavior about which otherwise they would have scruples. The scruples were based on the fact that the decision in question would lead to an unconscious sense of guilt—which is relieved by the super-ego's acquiescence. Ostensibly the question might relate to embarking in some business enterprise, or to getting married, etc., but in the depths of these personalities there is a qualm of conscience as to whether these activities might not represent some hostility to the super-ego, or secretly gratify some defiance of the father. So authoritative reassurance becomes necessary. Furthermore, if the advice given should be opposed to the individuals' wishes, they by no means always follow it. They can always find rational ways of disposing of it, or can induce the adviser to change his mind. The latent hostility to authority may also be gratified by the trouble and time the adviser is necessarily put to. It must be remembered, however, that both the need for authority and regulation and the resistance to them are equally real, and are a manifestation of the ambivalence described above.

The reaction-formation against anal wishes may be seen in these persons' attitude to cleanliness. In this respect they are very careful, with their person and with their belongings. Yet sometimes the cleansing process may be more formal than real, and in one or two ways allow some of the repressed pleasure in getting dirty to crop through. Thus, as Ferenczi has reported, a woman with strong cleaning compulsions spent most of her time cleaning—the water closet! A general insistence on cleanliness does not keep these people from heartily enjoying Rabelaisian jokes about excreta and defecation, even though they may frown severely on jokes dealing with genital sexuality.

Freud has recognized that the compulsive's acute thinking capacity may be due to an early strengthening of the curiosity impulse (*Wissstrieb*), a modification of sadistic strivings. A reaction against anal strivings seems to give form to a certain type of thinking commonly met with in these persons, which might be called "clean thinking." It can be characterized as a pre-occupation with abstract conceptions and problems of a philosophic or abstruse nature: what is truth ultimately? what assurance have we that we know things? what values are abso-

lute? In arguing out these points, the thinking is divorced from the concrete, material, and worldly facts; it is kept "clean" by isolation from the grime of data. That such thinking also serves to separate the intellectual processes from phantasy, and thus to encourage the development of doubt is apparent.

Thus certain scientists in a report will begin with broad metaphysical and *a priori* discussion, and having worked out their theory with no reference to empirical data, will suddenly plump down a vast quantity of material in which it is impossible to find any theoretical significance or orientation, evidently with the tacit assumption that this crass empirical mass somehow substantiates their theorizing. In point of fact here again the thinking is kept clean by divorcing it from the accumulated material.

Since their thinking evidently has some phantasy value for them, such persons tend either to dogmatism, or else take refuge from it in a sort of "negative dogmatism," an exaggeratedly critical attitude towards all theorizing. Just as open-mindedness may degenerate into credulity, so such skepticism may become negativism. It is interesting that during analysis those very persons who are most attached to *a priori* principles and who most crave absolute certainty and guidance are the ones who will have the most to say about the "dogmatism" of the analyst. Their arguments then usually show that their real grudge is against the analyst's inconsistencies; they crave a dogmatism against which they could rebel. The arguments are *ad hoc*, and like those of a good lawyer designed to win their case. Where such persons are not too personally involved, their ability to see both sides, their conscientiousness and capacity for detail may give them a valuable judicial temperament.

In these otherwise perhaps too rationalistic persons, there is usually to be found some banal superstitious belief or practice. Freud has explained the superstition of such persons as being dependent on their over-personification of Fate. Thus, through chance or coincidence they may frequently be led to some act at variance with their general way of life.

The compulsive personalities may be collectors, sublimating in this way the anal erotic pleasure in amassing. Other part strivings may enter to determine the nature of the collections: with art collections voyeur strivings, with cane collections phallic strivings, with china, pewter collections, etc., a urethral element originating in an interest in chamber pots. On the other hand a reaction-formation against amassing may lead to a Spartan simplicity in regard to possessions.

In the sex life in the narrower sense, there is extensive variety. In general, however, there is a relative impotency or lack of direct interest. Marriages for money or position are not uncommon. A splitting between sensual and tender aims is a common finding. But the sexual life can not be thoroughly dealt with in a brief fashion. Among practices pointing to unconscious anal phantasies, coitus *a tergo* might be mentioned.

Compulsive personalities make up a large part of psycho-analytic practice. As a rule, they come for some extraneous difficulty, rarely for any symptoms. Analysis usually reveals that there was a compulsion neurosis in childhood, generally between the ages of five and twelve (the latency period). Abraham has pointed out that manic depressive patients frequently show a compulsive type of personality during the intervals between the psychotic periods. The general impression that such types of personality are very common and indeed on the increase leads us into questions that can only be answered by a study of modern civilization—the civilization to which these personalities are adaptations.

The Reactive Character

By A. S. LORAND, M.D.

Psychoanalytic investigation of the actions and symptoms of the neurotic have led to the unconscious motivations underlying them, and through these unconscious motivations, in turn, to a consideration of the entire personality. Consideration of personality postulates a consideration of character, and in this way a psychoanalytic characterology has been evolved.

The basis for psychoanalytic character differentiation was given by Freud in "The Ego and the Id." Personality development passes through a shifting series of identifications, and the ultimate character of the Ego (personality) is, as Freud says, "the residue of the series of renounced object-cathexis."¹ This means that the examples set by parents and educators are absorbed and form that part of the character which constitute the Super-Ego. The relation between the Super-Ego and the rest of the personality is the same as was the original relation between the child and the parent.

The conflicts which may pre-occupy the child as the result of his ambivalent emotions toward his parents will appear in later life as the conflicts between the Ego and the Super-Ego. Freud pointed out first that "the relation of the Super-Ego to the Ego does not suffice with the command '*So (like the father) should you be,*' it includes also the stricture '*So (like the father) you must not be*' . . ."²

In the analysis of certain character difficulties we find that the difficulty lies in the tension between this desire to become like the parent and the prohibition not to become like him.

The following cases, briefly given, may serve as clinical illustrations of this theoretical conception.

I. A young man in his early thirties was in analysis because of sexual difficulties which were mostly the result of his character development. He was the only son of his parents

¹ Freud: *Gesammelte Schriften*—Vol. VI—pp. 373.

² *Ibid*: p. 378.

(he had an older sister). The father had always displayed a domineering attitude toward the whole family, and this attitude persisted even in his old age. From his earliest memories, the patient had always been in terror of his father, even the sound of the father's voice when he came home had sometimes driven him into a panic. In describing his father, he referred to him openly as a tyrant. He described him as being extremely powerful in appearance, as never relaxing his watch on the patient. From this tyranny the escape naturally led to the mother by whom, in contrast, the patient had been spoiled to an extreme degree.

The patient's social environment was a constant repetition of his home situation. Although occupying an important and well-compensated position, his manner toward his superior was the same timid, subdued attitude he had developed in his dealings with his father. Although inwardly full of revolt, he displayed only a tender, mild, and to a certain extent, what could be described as a masochistic attitude. He expected and, at times demanded during the treatment, that he be kept under strict rule, to be "whipped" (as he said) to do things. In this form, it would be the repetition of the childhood experience of being whipped by the father, except that in this situation the attitude was created by the unconscious guilt feeling. In addition, he was continually afraid of criticism, and weighed every situation beforehand in order to avoid the possibility of it. This was his feeling also in his attitude toward women, who preoccupied his fantasy, but with whom in actual relationship he could achieve only *ejaculatio ante portas*. The partial impotentia was directly linked up with his fear of his father and the guilt attached to his incest wishes which had been present even at the time of puberty. The retention of this subdued character involved the aim, in his unconscious, of avoiding difficulties which would have resulted from following the father's example. It would have meant being the rival of the father in many ways and would have brought, also, the dangers involved in sexual matters that would have arisen out of a complete development after the example of his father.

There was present in his unconscious the other extreme, the

desire to be like his father—athletic, rough, the possessor of acrobatic qualities, a sharpshooter, etc. But in reality, he became the exact opposite—physically esthetic, mild-mannered, neat in appearance, interested only in fine, cultural things, and keeping far from all possible roughness in any form.

II. A young man in his twenties had come to analysis to find treatment for slight neurotic complaints. He displayed, as his fundamental character weakness, the inability to cope with the constant demands of his social life.

He was the youngest son of a poor family, and had attained considerable wealth through his own efforts. Arrived at this stage of economic comfort, he developed his neuroses as an unconscious means of protection from advancing still further into success, which would have meant more and more difficulties for him. From early childhood on, he had had the ambition to become rich as a compensation for the miseries that had been brought about by the poverty of the family, which he attributed to the father's incapability of supporting them.

He accomplished his childhood dreams and became, in every respect, the opposite of his father. This began with the relinquishing of religion, becoming a man of wealth and of the world, in contrast to the secluded habits of the older man. But in the development of all these characteristics as a reaction against his father, enormous unconscious guilt was involved, and it prevented him from fully enjoying his social position. Certainly this guilt led back as always, to the early Oedipus situation which represents, in the child's life, the first revolt against paternal authority and includes also the incest-wish for the mother. And inasmuch as in his struggle to achieve success a great factor was the desire to help support his mother, whom he had to thank for the little education he had received, and whom he loved lavishly, the repetition of the childhood situation was clearly present and the guilt feeling that resulted from it easily comprehensible. Particularly was this true because the realization of his childhood wishes included also the realization of taking the father's place. When he accomplished this, he became in this respect the opposite of

his father—he provided all the needs for his mother, helped his younger sisters obtain an education, etc.

III. A man in his middle thirties, married, was in analysis because for the past few years he had been unable to concentrate on his medical profession as he had been able to do. He was continually playing with the idea of giving it up and of finding some commercial occupation. This difficulty led straight back to his personality development, although his personality was one that invariably made a pleasant impression and was pleasantly talked about.

He had a stern religious training, and all through school and college, in all the aspects of his married life, he was considered a model, but unconsciously he had the character of a revolutionary, and in analysis the mild, good religious habits showed themselves to be part of the reactive character formation in contrast to the father. His home environment had left him with impressions of an unhappy family life—his mother's continual troubles had driven her to compensation in religion. His father occasionally drank, had many quarrels, was an atheist, and somewhat of a ladies' man. All these had left their impressions on the child, but he himself had turned, on an external level, to the complete opposite. Unconsciously, however, he craved the same pleasures his father had had, and as he himself put it, there was a constant fight inside of him between "Dr. Jekyll and Mr. Hyde." His profession brought him many opportunities to indulge in his father's mode of life, and the stronger these tendencies became and rose out of his unconscious, the stronger his defensive had to be. The conflicts became so strong that it brought about the consideration of leaving his profession. Again, as in all cases, the whole conflict between his Ego and Super-Ego went back to the childhood Oedipus period, and it was a repetition of the revolt against the father and a desire for the mother, to whom he was deeply attached, to the extent that he had chosen his wife because of her resemblance to her, in stature, etc.

In all three cases the beginning of differentiation from normality was in the Oedipus situation, which had not been prop-

erly resolved in childhood. Analysis showed that the emotions toward the parents were excessively strong, as a result of the parental attitude toward the child. In such cases the Oedipus situation undergoes gradual repression and in order to cope with it so constantly, a strong Super-Ego has to develop. Whereas, in a healthy personality, the ultimate character is a balanced mixture of the series of identifications, to which, in the case of a boy, the father has contributed the major part, in the cases under discussion the personalities were weak in their roots and the ultimate displayed character was to the greatest extent, the direct opposite to that of the father.

The identification with the father led to the "formation of a reactive Super-Ego"³ under the domination of which the entire character developed.

It does not always follow that reactive character types show neurotic symptoms. They may adjust quite well. Extreme religious enthusiasts, self-sacrificing samaritans, ascetics may have developed their exaggerated mode of life as a reaction to some early influence.

In all reactive character formations, which, in analysis, are considered "neurotic," there will be displayed a strong adherence to childhood. Another major attribute will be a strong feminine element, which, can be readily understood if we consider the reactive character a reaction to the Super-Ego, knowing that the Super-Ego formation is to a great degree a result of the father—turning into the opposite involves, in some fashion, a stronger identification with the mother. Besides, the adherence to childhood already involves femininity, as adherence like regression to the childhood level, means running away from some difficulty, some hard task of reality. Being-child means being helped, being supported. The task of producing a healthy balanced personality will consist of a liberation of those early wedged-in emotions which turned the individual to a road of character development opposite to that of the father's.

³ Reich: Der Triebhafte Character.

THE NEUROTIC CHARACTER AS CRIMINAL

The Neurotic Criminal

By FRANZ ALEXANDER, M.D.

A more exhaustive investigation of criminal personalities compels us, more and more, to take cognizance of the fact that a considerable part of those people who become lawbreakers should be regarded as psychoneurotic cases of illness. They are persons for whom the criminal act represents a way out of similar psychic conflicts, which we find characteristically existent in those who are suffering from a psychoneurotic malady. A criminal act of this kind is equivalent to a psychoneurotic symptom, and like it is principally determined by subconscious motives. In such cases we speak of a neurotically urged action (*neurotisches Agieren*). It is true that, between the neurotic *symptom* and the neurotically urged action, there exists the difference—especially important in a practical sense—that the neurotically urged action, in contrast to the neurotic symptom, consists of fully valid acts, often dangerous, so far as the human environment is concerned, but in any event always significant, whereas the neurotic symptom, in first instance, has only a subjective importance for the patient. To summarize: the neurotic symptom only indicates a change in the sick person's psychic apparatus, while the neurotically urged action is capable, like every other fully valid act, of effecting a change in the external world. The neurotic symptom is an *autoplastic* symptom; the neurotically urged action is an *alloplastic* act. Naturally, the neurotically urged action is not always criminally colored. It often consists only of motivated actions that are injurious, not so much to the environment of the one who does them as to the doer himself, and which may even have self-destructive effects. The neurotic criminal, therefore, constitutes a sub-group of that greater nosologic group of psychoneurotic human beings whose first and most marked characteristic is the neurotic urge to action. Years ago I suggested marking off this group, made up of those psychoneurotic sufferers whose principal production is symptoms, and I called them *neurotic characters*. Yet the

expression *psycho-pathically impelled character* (*triebhafter Character*) would also be a proper designation.¹

The idea of the neurotic character gradually, in the course of time, has arisen in the practical therapeutic activity of the psychoanalyst, and not until quite recently has it been exactly formulated.²

By this exact formulation that group of the psychically ill whom the psychoanalyst prefers to call neurotic or psychopathically impelled characters, has become one with a single-meaning definition, a diagnostically easily conceivable, nosological unit. But in no case has this group of pathological personalities been discovered by psychoanalysis. Descriptive psychiatry has for long been very well acquainted with human beings of this kind, and various authors have designated them by different names. Nowadays they are in most cases called psychopathic personalities. They are persons who, above all, are characterized by a certain negative quality, that is, that they are not included in some definite disease-group of neurotic or psychotic sufferers, and yet unmistakably seem to be psychically ill. They are diagnostically recognizable not so much by the aid of the knowledge of the pathological psychic processes that characterize them, but rather by the psychiatrically experienced vision. Many sub-groups are mentioned by psychiatrists. I need recall only Kraepelin's³ impulsive types (spendthrifts, tramps, dipsomaniacs, gamblers) or the excitable, unstable, eccentric and socially inimical types of *Bleuler*.⁴ Here, too, belongs the group of persons formerly classed under the head of *moral insanity*. The common attribute of these types, which do not seem to belong together in any very close sense is, besides the *negativum* already mentioned—that they do

¹ In 1925, W. Reich, in his monograph, *Des triebhafte Character* (Int. Pa. Vg., Vienna), described a number of types suffering from psychoneurotic maladies, which in no wise correspond to those types which I have called psychoneurotic characters. In Reich's cases we have a chequered mixture of symptoms occupying the foreground, while the characteristic neurotically urged action is not in evidence. It is for this reason only, in order to make possible a clear demarcation of the neurotic character, that I have retained the expression "neurotic character" in later publications, otherwise I find the term "psychopathically impelled character" more expressive.

² F. Alexander, *Der neurotische Character*, (Int. Pa. Vg., 1928).

³ Kraepelin, *Lehrbuch der Psychiatrie*, J. A. Barth, Leipzig.

⁴ Bleuler, *Lehrbuch der Psychiatrie*, J. Spanger, Berlin.

not admit of any definite psychiatric diagnosis—their well-preserved intelligence. The morbid relates only to the effective and actional life of these persons. Hence such expressions as *moral imbeciles*, *affective idiots*, etc. They act unreasonably, as though their intelligence had been destroyed. But observation shows that the intellectual functions are hypernormal rather than hyponormal. There has been a tendency, of late, to regard the malady from which they suffer as an abortive neurosis or psychosis, since many clearly betray hysteric, others manic-depressive and again others schizophrenic traits.

According to this conception they represent transitional forms to the out and out neuroses and psychoses. Especially instructive in this connection is the mixture represented by the appearance of so-called epileptic characteristic features with actual epileptic attacks. In part the impulsive actions carried out in the state of epileptic somnolence may be regarded as an equivalent for the serious epileptic attacks. And as a result the terms hysteric, cyclothymic, schizothymic or epileptic characters originate.

The so largely discredited concept of "moral insanity" in this way is given a more scientific garb. I do not believe, however, that by pasting on some termination that makes an impression of exactness, such as "old" or "thymic," we do away with the difficulty of diagnosing individuals of this kind. The uncertainty and difficulty of such a diagnosis is practically important, especially in the case of forensic medicine, because these individuals often come into conflict with the existing laws. What would be needed to make an exact diagnosis would be—in place of the psychiatric description which takes into account only what has occurred externally—a more intimate knowledge of the psychic procedure which characterizes this group of beings. Psychoanalytical research which tries to recognize the individual psychic contents, i.e., strives for a causal psychology, has contributed much toward the diagnostic comprehension of these personalities. In the following pages I would like to present those observations and theoretical considerations which would possibilitate a more exact delimitation of this human type.

The differentiation between the neurotic character and the classic symptomatic neurotic is, first of all, enforced by one's daily practice. Every psychoanalytical therapeutician knows these people, who go to the physician without any hard and fast symptoms, but who, nevertheless, either themselves feel that they are ill, or are called abnormal by those surrounding them. And it is then soon evident that these persons, in place of symptoms reveal something irrational in their course of action or in their mode of life. The analyst soon discovers that the same subconscious motives, trends, and impulse-demands which in the case of psychoneurotics lead to the formation of symptoms, in the case of these individuals determine their actions and their conduct in life. In this very respect they differ most noticeably from the true neurotics, of whom, in most cases, their inactivity in life is so characteristic.

The psychoneurotic system, of course, absorbs those powers which otherwise would lead to full and entire action. One of the fundamental signs of the neurotic symptom, according to Freud, is the fact that it is no full and complete action, but invariably the substitute for such a full and complete action. A psychic tension, a sexual urge or a hate effect, in the case of the neurotic symptom, for instance, in conversional hysteria, are carried off in the form of a functional disturbance, by an unaccustomed innervation uninfluenced by the will, or also by means of a sensory disturbance. In the case of compulsive neurosis, again, destructive, sadistically colored impulses are expressed by manical compulsive ideas, torn out of the interconnection of conscious occurrences. Or else these influence every-day actions, eating, washing oneself, dressing oneself, and these are given an exaggerated and symbolic importance. All these symptoms, however, have only a subjective, fantastic significance for the sufferer, and do not—like a full and complete action—effectuate in the external world any change calculated to satisfy these impulsive demands in an actual way. The mother who is suffering from a compulsive neurosis, and who feels an impulse to rise at night in order to cut her children's throats, is in reality a particularly over-anxious and self-sacrificing mother. And that druggist who was suffering from

a compulsive neurosis for instance, and who felt impelled to take every bottle of drugs which he needed to prepare a receipt down from the shelf ten times, in order to convince himself that he was using the right one, is full of aggressive tendencies, yes, even homicidal tendencies where his fellowmen are concerned, yet is in reality merely an over-conscientious man.

If then the neurotic binds his ego-alien, subconscious impulses in symptoms that are innocuous so far as his fellow-beings are concerned, and which give him no more than a subjective, fantastic illusory satisfaction of these illicit wishes, these ego-alien impulses, in the case of the neurotic character, transform themselves into full and complete actions. In place of the neurotic symptom there enters the impulsive neurotic action. Herewith the demarcation between impulsive neurotic action and the neurotic symptom is established. The difference between neurotic impulsive action and normal action, again, consists in that the former is subject to the influence of the subconscious tendencies in a far higher degree than is the normal action. Or, inversely expressed, the influence of the conscious personality on the impulsive neurotic action is less than on the actions of normal human beings. Important in this connection is the fact that the power of judgment, the intelligence, yes, even the moral power of judgment are completely retained, yet are unable to exert a sufficient influence on the impulsive drives. It would seem, therefore, that the interconnection between the conscious personality and the impulsive drives is disturbed.

Thus in the case of these individuals, the inner conflict arises. The impulsive action, which is rejected, it is true, by the conscious ego, yet cannot be prevented, leads to remorse, condemnation of one's own course of action, and to the resolve, made again and again, thenceforward to begin a new life.

The large participation of subconscious motives in these actions explains what is irrational in these individuals' mode of life. That part of the collective personality, the conscious ego which, in the case of normal human beings—with the assistance of a proving by means of reality—helps adapt the demands of the drives to the given conditions of the external

world, and, among competing impulsive tendencies that are compatible, stresses those which correspond to the dominating interests of the personality, this conscious ego has less influence on the mode of action of neurotic characters. And thus the irrational, the not-adapted-to-reality of their actions is brought about.

A second sign of the neurotic impulsive action is stereotypy in what they do. These persons, strange to say, again and again experience the same vicissitudes; as Freud has put it—a blind demoniac pull seems to determine their fate in life. Here one might object that every man possesses a character of some kind, which determines the character of his actions. But the normal human being is more plastic in his mode of action. He learns from the errors made by him, and changes his mode of action to suit whatever situation may exist at the time. The very thing that constitutes the function of the conscious ego is that, by the aid of a proving and checking up of reality, it always confronts the inner demands with reality's situation at the time being, and shapes the actions in accordance with the situation.

The lesser influence of the conscious personality upon the actions of neurotic characters explains the stereotypy of their actions. The subconscious drive-demand, withdrawn from the criticism of the consciousness, imposes itself blindly, without regard to previous experiences and to the external situation. This lends the course of life of these people its fantastic touch.

The third typical sign of neurotic impulsive action is the *presence of the conflict*. What is most characteristic of these individuals consists, of course, in the disturbed coöperation of the impulsive drives and the conscious ego. The impulsive actions confront the ego with a *fait accompli*. The condemnation of the ego arrives too late, after the deed. It is true that the conflict does not always express itself in a belated regret, a condemnation of the action, but perhaps even more frequently in the appearance of tendencies directed against the individual's self, tendencies which aim at self-punishment. Hence not only do the impulsive actions themselves originate in subconscious motivations, but the moral reaction to the impulsive actions

also results from subconscious moral feelings, from a subconscious need for punishment.

The riddle which these individuals not only offer the psychoanalyst but which they have always offered the psychiatrist, is the crass contradiction of their personality. Besides a frequently supernormal intelligence they have, in most cases, an engaging, sympathetic manner with pronounced social sensitiveness.

One would not think them capable of criminal actions. It is true that the psychoanalyst is used to something similar. In the subconsciousness of symptomatic neurotics, in these often so supersocially sensitive, inhibited individuals, he discovers the very opposite: a chaos of asocial, criminal impulse. This contrast, however, is nevertheless not so striking because the excessive inhibition of aggressive and not adaptable tendencies banishes them into subconsciousness and the realm of fantasy. Inhibition with regard to the real is responsible for the uninhibited retention of infantile and asocial impulses in the subconscious. In the case of neurotic characters, especially neurotic criminals, this contrast, however, is far more contradictory. The asocial, the ego-alien here discovers the way which leads to motility, to real actions. Whereas in the case of neurotics the socially adapted and the asocial parts of the personality operate on different levels, in the case of neurotic characters these two antagonistic trends of tendency come into operation on the identical topical spot of the personality: in the acting ego. In general, wish-impulses have to take the road to motility over the ego. The neurotic criminal simultaneously acts antisocially as well as morally, and even supermorally, because he is injuring himself. This contradictory, simultaneous operation of morally self-punitive and aggressive social motives, which makes one feel as though moral sentiment and rational insight on the one hand, and uninhibited impulsiveness on the other were existent side by side, without influencing each other, can be explained by a series of complicated psychic mechanisms, which I have elsewhere described.⁵ Here I shall call attention only to one fundamental mechanism.

⁵ Alexander-Staub, *Der Verbrecher und seine Richter*, Int. Pa. Vg., Vienna, 1929.

It is a question of a curious misuse of morality, an ideology of criminal jurisprudence characteristic of primitive peoples, which controls the psychic life of these individuals; of a remarkable association of guilt and atonement. Every wrong, every punishment is utilized by these individuals in order to free themselves from moral inhibitions, and, furthermore, is used as a license for the gratification of ego-alien tendencies. They provoke their fellow-beings by skillful manipulation, they allow themselves to be punished or treated unjustly so that thereby they may be able to retain their defiant position, and do that which they themselves have condemned, that which is prohibited. Their psychology is shown in its naive single-mindedness in one of my little patients, who had been brought up in a Roman Catholic nunnery, and who made her weekly confession serve her purposes in a most remarkable way. She confessed various forbidden actions to the priest, for example, the reading of prohibited books, an action which she had not yet carried out. For this deed she was given penances, and she could then—no longer troubled by the reproaches of her conscience—read the prohibited books in question. We might, therefore, approximately, describe the situation by saying that these individuals induce their conscious ego to commit ego-alien actions by means of self-punitive or suffering mechanisms.

The basic experience of the science of psychoanalysis, that human beings do not form a homogeneous entity with regard to their personalities, but are composed of contradictory tendencies, is most illuminatingly demonstrable in the fate of the neurotic characters. Their inclination to come into conflict with existing laws, and to backslide again and again, is explained by the fact that the asocially unconscious part of their personality always breaks through with less inhibition by means of punishment, because punishment satisfies the moral demands of their personality, and thus annuls the moral inhibitions.

The forensic consequence of these views is a two-fold one. The first is one more utopian and relates to jurisprudence, especially to our criminal institutions. We realize only too clearly that these institutions are based on the sentimentally

so deeply rooted dictum that suffering (punishment) is able to atone for a misdeed. They offer a genuinely photographic reproduction of the psychological concatenations in our subconscious subjects. It becomes more and more convincingly clear to us that punishment, even in the present-day sense, as a survival of primitive social organization, is as little calculated to be a proper means of human education, as it is to maintain social order. Yet these deductions in this connection are of less interest to us at the moment because it seems as though humanity, with its archaic subconscious mechanisms, does not as yet appear to be ripe for a fundamental alteration of the penal law.

The second forensic consequence of this investigation, however, enters very deeply into the daily practise of our courts of justice. Owing to the use of the psychoanalytical method, a continually increasing number of law-breakers prove to be such as belong to the pathological group of neurotic characters. Those paragraphs which, in the various books of statutes should distinguish between the *criminal* and the *sick* human being, do not apply to this group, so large in numbers, of neurotic characters. Hence the judge is often compelled to punish a sick man, even though medical experts have diagnostically proved that the offender belongs to the group of psychopathic personalities. The legal paragraphs in question take into consideration only those serious disturbances of the mental life which are prejudicial to the intellectual functions. Disturbances of the kind here described, which consist of faulty coöperation on the part of the affective and the impulsive trends with the intellectual functions, because they have only recently been scientifically discovered by psychoanalysis, are difficult to bring into conformity with the letter of the law of the paragraphs in question. It is urgently necessary for the penal code to take the neurotic character into consideration in order to meet the most minimal demands of equity.

This demand will seem more particularly justified to us when we consider that the neurotic law-breaker is actually no more than an unfortunate special instance of that character-disturbance which we can unmistakably identify by means of

the presence of the neurotic impulsive action. The neurotic impulsive action, as we have shown, can be established by three easily recognizable signs. These three signs are: (1) *irrational* actions combined with a well preserved intellect; (2) *stereotypy*, the repetition of these actions; (3) *the presence of the psychic conflict*, which betrays itself in part by remorse, in part by self-injurious actions, actions directed against the sufferer's self. The criminal upshot is only a special instance of the neurotic impulsive urge to act, which certainly is partially conditioned by social factors (environmental influences). We are familiar with a large group of human beings who are disturbed in their social conduct, who, though they are neurotic (impulsive) characters, are in no wise criminal ones. To designate this socially harmless group I would suggest the term *eccentrics*, using the expression in a somewhat broader sense than that given it in English usage, somewhat in the sense that the French word *original* is employed. To this class belong all the varieties of collectors, faddists, daring sportsmen, record-gatherers and gamblers. What these socially harmless individuals have in common with the neurotic criminals is that, even though they are not anti-social, they are nevertheless asocial in their mode of life. They create for themselves a private occupation, they create their own problems, their own dangers and difficulties, which are apart from the interests of the community.

It is very interesting to note that the profoundest motive for neurotic law-breaking and for the existence of the eccentric is to be found in the same territory. Both types are unable to resolve the Oedipus conflict of youth in the normal way. The law-breaker openly rebels against the state, and, in general, against all secular and religious authority. In the eccentric's case this defiance manages to express itself in a hidden manner. The law-breaker openly fights against the Oedipus representatives, provokes them to treat him unjustly, in order then—released from moral inhibitions—once more to attack the unjust father. The eccentric scorns society. He avoids the Oedipus conflict. He creates for himself his own world. It is easy to see that eccentricity is rather an aristocratic disturbance of character. It is not a malady of the first, but of the

second, third and later generations. These are opposed not alone by the actual father, usually recognized as socially highly placed as an authority, but by the whole series of fathers in the form of the ancestral line. To conquer and overcome this entire father-sequence seems an unpromising undertaking to the eccentric. He avoids this hopeless struggle and creates a world whose sole inhabitant he is. His complete collections, the number of his records, raise him above the average level of existence to which his fate as a descendant would otherwise have condemned him.

In his case there also are often lacking the psychic requirements needed for an open revolt against the father, and, later, society. Not only has he no hope of rising above the entire series of distinguished fathers; he has, in addition, no reason to fight against these fathers. In most cases he has been carefully educated, and later, too, the world is open to him. Life offers no natural resistance to his aggressions. Hence he must build up his own resistances, create for himself a world in which he can overcome his self-created father-imaginings. It is easy to understand that the neurotic law-breaker, on the other hand, is more apt to belong to the lower classes of society. His social position in itself makes it easier for him to fight against the unjust father in the State, which has let him get the worst of it. Yet the irrationality of his attitude is most clearly expressed in the case of certain adventurers, who often display so much talent, perseverance, and even genius, that it is clear to every casual observer that they could have gone far with these qualities even in a perfectly normal way. I have often had an opportunity of observing the youthful disposition in the case of persons with swindling tendencies described by Karl Abraham.⁶

One class of adventurers, as in the case Abraham describes, often comes from a family with many children, where the future swindler, late-born, has been preceded by a row of older brothers. A late child of the sort in a family, from earliest childhood gets used to never being able to assert himself in the customary way. He must wait a long time for his turn and he grows impatient. It is easier for the first son to become

⁶ Karl Abraham, *Die Geschichte eines Hochstaplers*, Imago, Bd. xi, Heft 4.

a decent citizen, because he has a great opportunity of soon getting ahead. The little fellow, the latest arrival in the family, must, unless he wishes to wait forever, attract attention to himself by some notable action, and thus skip over his whole series of brothers. This great deed is the scandal without which a genuine swindler cannot live, and which he again and again provokes. Yet these are no more than a few references to the fate-determinative power of the juvenile situation.

If I have succeeded in proving that the socially harmful neurotic law-breaker and the harmless eccentric are members of the same great group of character disturbances, then the judicial judgment of the former will have to change in the future, the more so since psychoanalytical therapeutics is especially promising in the case of these individuals. The neurotic character and his practical variant, the neurotic criminal, are very often healthy in their impulsive drives and almost invariably in the functionings of their ego; only the coöperation of these two systems is disturbed. Those suffering from a genuine neurosis, on the other hand, in most cases reveal a certain constitutional weakness of the impulsive drives, which is responsible for the fact that they allow themselves to be driven to substitute-satisfactions by the pressure of the real. They content themselves with a fantastic, unreal satisfaction of their impulsive demands in the form of symptoms. The neurotic character in this respect is more like the normal human being; he does not renounce real satisfaction. The only difference is that he cannot bring about what the normal person can to harmonize the original impulsive drives with the demands of the conscious ego.

In the very fitting in of the individual's dispositive drives into the structure of the conscious personality, in the extension of the controlling power of the conscious ego over the unconscious life, lies the great opportunity for psychoanalytical therapeutics. The sociological consequence of these considerations is: the diagnostic comprehension of the neurotic criminal, and besides, in lieu of their punishment, their internment in sanatoria where, instead of compulsory labor, they are subjected to a thorough character-analysis.

(Translated by Frederick H. Martens)

Interpretation of Delinquency Trends

By WILLIAM HEALY, M.D.

It is to be hoped that psychoanalytic research into those forms of anti-social conduct which, following legal usage, we call delinquency and crime will some day fill out many chapters in a criminology that is to be. We have had far too little fundamental understanding of the forging of impulses which, as one delinquent boy said, "make chains that bind." And it is not only for uncovering of causes, but also for better developments in therapy that there is need for deeper understanding. We even have all too little knowledge of what the real foundations are of many of the best results that we have obtained in checking delinquent careers—and we must state in all fairness that many challengingly splendid outcomes are obtained through altering life situations for young people after comparatively short studies of their potentialities and needs. On account of all this I am constrained to emphasize strongly the great value that may accrue from more analytic research undertaken with young offenders and with those who have been serious offenders but have ceased to offend.

For the thoughtful who have to deal with many delinquents and with a great range of delinquencies, and who follow careers along year by year, nothing will suffice except real digging into the underlying strata of personality formation and the following of this by flexible interpretation of the facts brought to light as they may be correlated with changing situational conditions. Since the days of Lombroso and his theories of criminality, there have been so many other attempts to explain the offender in terms of general causal classifications that forward-looking criminologists have been put to no small trouble to winnow the chaff from the wheat. It so stands today that scientific jargon, whether taken over from the field of endocrinology (in the use of catch words this having rather taken the place of anthropometry) or sociology or psychiatry, fails to persuade the experienced and the informal in this field. What we look for is sound theory upon which to base effective therapy.

Now, we can frequently discern in growing delinquent careers some extraordinarily interesting and important psychoanalytic situations and developments, but these are far from being of one type or falling readily into a few simple categories. I published in 1915 a little volume of cases illustrating the relationship between mental conflicts and misconduct. Since it was the first work on this subject it naturally represented an immature statement of psychoanalytic theory, but the essential facts ring true along Freudian lines, and there has been much confirmation of this type of conduct-formation where conflict and repression lead to substitute-formation expressed in stealing and other delinquency. But such a finding does not warrant us in the conclusion that any very great amount of delinquency is due to this particular type of attempted solution of a "return of the repressed." This is my point: Just as we were hampered earlier by great talk about "the criminal"—as if he were *sui generis*—under the influence of the positivist school of criminology, so we shall continue to be hindered if, under the auspices of any school of thought, some particular causations are seized upon as applying to large proportions of delinquents and criminals. The fact is that many types of causations may be found, occasionally active, to be sure, in fairly simple settings, but usually piled up on the original causation there are a lot of other adventitious factors that go to make the whole picture. As one ponders over any long list of cases this complexity strongly confronts one and a multitude of illustrations could be given.

The Oedipus situation crops up again and again. One of the simple cases is that of a boy of ten years who has recently repeatedly run away from home. Until within a short time, superficially he has been doing very well; he has been affectionate and helpful and well adjusted in his school and companionship life. His father is an easy-going drinking man who, on account of his dissolute habits, was thrust out of the home years ago by his wife. This boy, the younger of two, rather champions his mother; he aids her, and even sleeps with her. His father recently appears in the neighborhood and is taken back by his wife. In a couple of days the boy runs away for

the first time, and then again and again, sometimes remaining at home for a few weeks when his father at intervals is again away from home. The reason for the boy leaving comfortable home surroundings for the discomfort of vagrancy is obvious to no one. It has always appeared on the surface that the boy has been very fond of his father, who is always good to him, and has many times spoken of his returning home so that the family might have their old good times together. But with an easy establishment of transference a most vigorous phantasy life is uncovered, with pictures of killing or injuring the father as the main content. Here then we have an unresolved Oedipus due to the earlier absence and indulgence of the father, and excessive mother fixation, and externalization of emotional frustration. But this is an exceedingly simple case and fairly readily solved, with return to good behavior.

In another similar situation with perhaps nothing clearly appearing in the life situation that makes for protraction of the Oedipus complex, we may have the fact added that in runaway expeditions many satisfactions and recognitions are obtained. Some of our most difficult cases have gained a long start in their careers through the fact that they were attractive youngsters, that they had an appeal for kindly ladies and sentimental males who aided and abetted them in their wanderings and who introduced them to all sorts of situations that broke down their morale. Such a case when seen has to be combatted on more than one level of behavior tendencies.

For psychoanalytic theory it is interesting to note another type of Oedipus situation. We have had some little experience with cases of incest between father and daughter. It is astonishing to find how calmly this moves along and, when the affair is broken up, how little scar is left, the girl generally going along with her life as though nothing had happened; we find her later marrying and doing well.

We often say to ourselves when summarizing the first study of a case, how could this young individual possibly have developed a Super-ego or Ego ideal under his life circumstances, with the patterns of parental behavior so "free and easy;" and from such families we do get young individuals exhibiting

unmodified primitive urges in most extraordinary ways. Sex behavior, properly regarded as very inimical to others, may be indulged in without the least sense of guilt. Indeed there is no more reason for self-criticism in this regard than there is for improper handling of a knife or folk. What actually goes on in front of children in crowded homes, occasionally with an immoral mother receiving men in the father's absence, is beyond the telling here. And then with the child first internalizing social prohibitions from extra-familial sources and at the same time for various reasons building up father or mother identifications, the chance for bad behavior developing would seem to be almost overwhelming. And yet, strangely enough, plenty of these children taken from such apparently irrevocable conditions do turn out very well from a moral standpoint, as we have shown in our last publication on the outcome of 500 problem cases placed in foster homes. And even though unanalyzed, they do not become neurotics. In very many cases they are not nearly so difficult for behavior reconstruction as are those, who, coming from better circumstances are dealing with conflicts which have many ramifications in unconscious phantasy life.

One of the best illustrations of Freud's wonderful insight is certainly shown in his concept that misbehavior sometimes follows merely as the result of an unconsciously perceived need for punishment. By this time the idea has been well taken over into psychoanalytic theory and so far as delinquency is concerned has been specially elaborated on by Reik and in the little volume published last year by Alexander and Staub. I am very far from being willing to attribute to this guilt feeling the development of any so-called "criminal character," because I think, again, this is a sort of jargon—there are various sorts of criminal characters, others just as criminal as this type. Nor is any great proportion of criminality to be accounted for in this way. Here in America we have altogether too much criminality, often undetected or punished, for profit only, and too much for the thrill of adventure to be willing to interpret any considerable portion of it as resulting from guilt feeling.

Every now and again we do get astonishing confirmation

of this part of psychoanalytic theory. We have instances where, as I have sometimes said, the individual almost literally breaks into jail. It is not so easy to analyze these young people, some of them are not old enough to face out their situation in an analytic way; in others the religious or family tradition is against the procedure, but the essentials stand out clearly enough. In one young fellow we have known, where the basis of an underlying guilt feeling was clear enough, there have been periods of attempted expiation through great industry, church-going, and model behavior generally—all evidently sometimes precursors to indulgence in instinct impulses. And in spite of every chance and much good feeling towards him nothing has sufficed for this young man except final commitment to a correctional institution for an offense, a deliberately committed theft, not at all in line with the stresses that fundamentally trouble him.

Case after case could be cited from our long records on them, as variations are played upon the central theme. It is a matter of great concern to recognize these cases, since they often represent very good human material, and to discover what can be done therapeutically for them. We have found it no easy task.

The Paranoid Criminal

A Casuistic Study

By DORIAN FEIGENBAUM, M.D.

Paranoia is undoubtedly one of the most fascinating subjects in psychiatry. The term itself is old: it was used in common speech, in ancient Greece, for "misunderstanding," but also for insanity in general. By the beginning of the 19th century it had become a psychiatric term, but as such it underwent frequent changes in position, and various forms of mental disorder were designated by it. Today, however, paranoia has a more or less definite meaning in international psychiatry.¹

Descriptive psychiatry reaching its high point in the work of Emil Kraepelin, had the undoubted merit of establishing the definite morphological structure of paranoia, although it did not succeed in discovering its inner structure. Then came Freud. The new psychoanalytical method of investigation has stood the test of almost a quarter of a century and has not been refuted until now. Nor have any other tenable theories of paranoia arisen in this period.

The bare essentials of the Freudian theory of paranoia may be briefly summarized in the statement that the basic dynamic factors of the disease are: 1) regression of the libido to a narcissistic level, 2) repressed homosexuality which ultimately produces a psychical upheaval, 3) projection mechanism² which is, to a great extent, the product of a defence against homosexuality: "I love X—no, I do not love X—I hate X, because—X hates me."

Deep analysis of cases of neurosis which penetrated be-

¹ It is generally reserved, as is no doubt well known to the reader, for a form of mental disorder characterized principally by delusion of persecution, delusion of jealousy, or megalomania—frequently without obvious impairment of intelligence and conduct. This is not the place to mention accessory details of each of these forms of delusion. Nor is there included in this definition the form of schizophrenia with paranoid symptoms, namely the so-called *dementia paranoides*.

² For the benefit of those who may not be familiar with the term, it may be said here that *projection* is the general tendency, especially strong in paranoia, to repress intolerable subjective urges and thoughts (thus preventing them from entering the field of consciousness) and to ascribe them to other persons or even to inanimate objects.

yond the symptoms into the underlying characterological disposition, revealed faint variations of paranoia in which clinical symptoms were mild or almost undetectable. Nevertheless, the structure of these neurotic characters has shown those specific elements which fully justify the designation "paranoid character." This would indicate that there is only a quantitative difference between paranoia and paranoid character. Mere quantitative difference has often been found to represent the dividing line between pathological and so-called normal conditions. The three factors found to constitute the fundamental structure of paranoia are fully duplicated in paranoid character but, of course, much more faintly. We surmise that in the paranoid character homosexual disposition seems generally more overt and the projection tendency more apt to express itself in asocial conduct or anti-social actions rather than in ideological indulgence in delusions.

These distinctions are by no means of theoretical significance only, for in recognizing paranoid character trends with their potential implications, we may be able to cure the neurotic character and prevent development of full-fledged paranoia. It is especially important to track down the paranoid trends, since they are often concealed behind apparent health, while actually doing damage to the individual and society all the time.

This applies particularly to criminals and delinquents, since criminals not infrequently show distinctly paranoid structure of character, and curing their character may be equivalent to curing them of criminality. In what follows, I will introduce the criminal variety of the paranoid character—the "paranoid criminal."

I presume that every alienist has observed in his practice criminals of paranoid character. I am going to describe one of the criminal cases I observed in my own practice (case Engelbert, reserving a fair portion of the space at my disposal to an analysis of the striking, I may say classical case of Antonio B. which came to my attention recently through Dr. Atkin's demonstration before the New York Society for Clinical Psychiatry of a delinquent under the observation of the Manhattan State Hospital, Ward's Island. The Direction

of the Hospital and Dr. Atkin have been very generous in allowing me to study the material on this remarkable case, for which I thank them here.

CASE ANTONIO B.

Antonio B. was tried repeatedly, more than a dozen times, for thefts, assault and battery, violent cruelty to his wife, neglect to support her, and also for general insubordination to authorities. The judge, be this to his credit, recognized a pathological strain in his character and committed him to a psychiatric ward for observation. In spite of the lack of definite symptoms of psychosis the late lamented Dr. C. Floyd Haviland had him kept under observation in order to make a thorough study of this interesting borderline case, before reporting to the judge.

Physical examination was entirely negative. He is a very fine physical specimen, a splendid masculine type. There was no evidence of endocrine disturbances. Head measurements showed normal condition. Blood pressure: 130/84. Microscopical and serological examinations also gave negative results.

Little is known of B.'s family history. His mother deserted her husband and children and eloped with a lover when B. was about three and a half years old. No insanity reported in family, though it has been stated that both parents were probably psychopaths. Both Antonio B. and his wife accuse B.'s father of attempting to rape Mrs. B. and of inciting B. to desert her.

Antonio B. was cared for in his childhood by his father who disciplined him frequently with great severity. But: "father never punished me without reason." Antonio was a "bad boy" in school. He came into direct conflict with the law when he stole a car at the age of seventeen. He claimed that he did not try to conceal the robbery: "I was not afraid. What was I to be afraid of?" Actually, he repainted the automobile and tried to sell it. He was sentenced to a year in the penitentiary, but really remained there a year and a half, because of misbehavior and "picking arguments." A number of years later he was sent to the workhouse for an attack upon a build-

ing inspector, and about a year later was given six months in the workhouse for refusing to support his family and defying the court. He has received, since then, a number of short sentences, being called before the domestic court fourteen times.

He became self-supporting at the age of seventeen and thereafter had many trades frequently requiring some skill. But he was generally discharged after a period never exceeding six months usually for failing to keep appointments, refusing to take orders, or getting into fights.

Although he states that he neither loves nor hates his father, he feels marked antagonism towards him; he has not seen him for the past two and a half years.

His first sexual experiences were homosexual. When he was a boy friend had committed fellatio with him. He says never after has he had a similar experience: "my body could not stand that stuff." He was also introduced to an elderly man who committed fellatio with him four times and paid him for it. The last time he beat this man up severely, robbed him and claims he never again performed homosexual acts. Yet, about two years ago he pushed a good sized drinking glass into his rectum necessitating a stay of one week in a hospital to accomplish its removal. His first heterosexual experiences occurred at the age of fifteen with a prostitute and until his marriage, at 22, he visited prostitutes regularly. He never had a love affair and could not recall feelings of tenderness to any woman. "I used them and fired them, I was never fond of women." He says, he had married his wife only because he "wanted to give his father someone to help him take care of four half brothers" left motherless after the death of his father's second wife. During B.'s frequent separations from his wife, he, nevertheless, used to visit her to have sexual relation with her and he used to pay her for coitus. It is also reported that he used to attempt coitus per rectum with his wife. His potency is quoted as being normal; however, no data are presented as to duration of erection, orgasm, etc. B. is father of three children.

For four months he was kind to his wife. Then he became mean and began to beat her. When she returned from the hospital after giving birth to their first baby, he drove her out and threatened to burn the house. Marriage and its consequent responsibilities intensified his abnormal traits, his emotional instability increased and he became more and more criminally inclined. Many times the court ordered him to separate from his wife, and the children whose number increased to three, used to be placed in private families. He has never shown any affection for his children. He is reported to have hogged the best food to himself leaving the bones for the children. When visiting his wife during these separation periods he would become violent and threaten her with a knife. On one such occasion he broke a glass door. On another similar occasion he threatened to dig a grave and bury her with his own hands, strangle her children, etc. Later, when rejoining his family, he allowed his brother-in-law who boarded with them to keep his mistress in their house. Once when they had guests, he gave his wife a severe beating and made her dance on a table and poured salt on her head, all in presence of the visitors. Once he threatened her with a hatchet wrapped in paper saying: "Do you want the hatchet to get rusty or shall I use it?" When his wife begged him to desist, he poured water on the hatchet and putting it away he said to his wife that she was the handle and he was the head (blade?). He also volunteered this statement: "I think if I could beat her up so that she would be in bed in a hospital for about a month, I think it would do her good." In general, whenever he administers a beating he claims he is only dispensing justice. He protests when he is accused of non-support and blames his wife and her family for it. "They are plotting against me to put me in here—it is a put up job."

Antonio B. is quick tempered, argumentative, antagonistic and ready to strike out at the least provocation. He was never able to keep appointments or to obey orders. He is fond of swearing and obscenities. He is a skilled mechanic by nature and is extremely interested in radio and automobiles. He

wasted about six hundred dollars experimenting with radio sets while his family was starving.

In the hospital the following observations were made. During the examinations he was pleasant, co-operative and agreeable. Emotionally he was slightly euphoric. He gave the impression of being very egocentric and saw exclusively his own point of view. He was very proud of his physical strength and courage. No hallucinations were observed. His irritation centered stereotypically about his wife. He blames her for incompetence and lack of co-operation. Denies practising sexual perversions with her.

For the introduction of the glass into his rectum he gives the following account: he was alone in the shop at night, a man entered and put his arms around him whereupon he dropped unconscious. When he came home he felt pain in the rectum and noticed that it was bleeding. He says further that there must have been at least five men who attacked him and that they might have thought that he was the employer against whom they had a grudge. B. was always correctly oriented; no disturbance in sensorium. Not mentally defective: His I. Q. was 69, but with better co-operation it was believed that it would have been higher. On the other hand he showed very little insight into his condition and assumed no blame whatsoever for his predicament. His stay in the hospital was relatively uneventful. He easily adjusted himself to the routine and became an excellent worker on the laundry wagon. He was very boastful about his powers and abilities. He said: "When I get out I can study. I can even become a lawyer if I want to." His boasting was of the kind that is found in boys who constantly indulge in phantasies of strength and power. His wife used to visit him, but he was cold, and at times, even hostile to her.

No true psychotic symptoms were reported to have been observed. He expressed proper sentiments at all times without really feeling them. The only way he could reconcile the discrepancy between his sentiments and his behavior was by projection, that is by blaming other people for his own failures. He is irresponsible in spite of his ability as a worker. To his

frustrations and the punishments which were constantly inflicted upon him, B. reacted by anger, especially towards those who made the greatest demands upon him. Inquiries regarding his dreams were largely negative. He had a dream of "developing motors," of "a device to protect automobiles from being stolen." This device had some relation to television, he said. In his dreams, he said, he gets ideas and sees them realized; some of them he says he tried to carry out in real life, though he has never shown any great interest in pushing his schemes. In another dream he "falls from a big skylight" and actually finds himself on the floor when awaking. He was asked to report his dreams to the physician in charge, and the next day he tells the stenographer he was planning to hoax the physician. He had not dreamed but he wanted to report that he had dreamed that he was about to copulate with a sheep, and that just when he was about to do it, the sheep disappeared and he woke up.

This case presents an excellent example of what I would call a *criminal paranoid character*. If we analyze the material presented we find that Antonio B. exhibits the paranoiac mechanisms in their mildest form, with criminalcy as its outstanding outlet. We find here the paranoid character trio, namely (1) narcissistic fixation, (2) homosexuality, (3) excessive projection.

Patient is undoubtedly fixated in narcissism. He never succeeded in having satisfying heterosexual relation. His object cathexis is nil. All indications show that he is in love with himself, to wit his excessive confidence in his own powers, the propriety of his conduct, the justness of his case, his general infallibility, his self-righteousness, etc. His cathexis is a narcissistic-homosexual one, the origin of which must be placed on the pregenital level, namely the anal-sadistic-phallic stage.

His homosexuality based on anal-erotic fixation is, as we have seen, the outstanding characteristic of his sex life. This is borne out first by his actual passive homosexual relations in his youth, lack of romantic experience, coldness and cruelty to his wife, the glass in the rectum incident, and his "marrying for father"-motive.

His tendency to projection which constitutes the third essential element of the paranoid structure—and has the emotional mechanism of “I love X—no, I do not love X—I hate X, because—X hates me”—expresses itself in his general anti-social behavior, his chronic, hostile, sometimes violent opposition to all forms of organization, social order and discipline. The skeleton formula of the emotional relationship between Antonio and society, which is father’s world, is identical with the above, just substitute “father” or “father’s world” for “X,” viz.:

“I love father—no, I do not love father—I hate father, because—father hates me”—“I love father’s world—No, I do not love father’s world—I hate father’s world, because—father’s world hates me.” This last formula is really quite inclusive: it includes wife, employer and authorities.

The objection may be raised here that in fact the patient has not developed any observable delusion of persecution. The answer is: true, the patient has not developed any explicit conscious psychological formulation which, by the way, would be a psychosis, but the unconsciously present delusion is implied in many of his urges, acts and reactions. Again the implicit mechanism is “father’s world is hostile—I have to fight it and destroy it because—it wants to destroy me.” Of course, B. does not theorize. He acts. And his action saves him from formal, explicit paranoiac insanity. It may be well to state here that under circumstances which we are at present unable to specify the subject might have developed a full-fledged paranoia, but no criminality. He would then, in other words, offer his sanity on the altar of the social instinct.

Some of the individual incidents and general observations reported deserve closer study for a better understanding of the case.

First, let us look into his relation to his father. It is distinctly ambivalent. He both hates and loves him. True, the material that is at our disposal does not offer enough evidence for either love or hatred to be convincing to one not experienced in psychological analysis. Still, the little that we have, is so symptomatic and telling that in drawing our conclusions we

may feel greater confidence than a paleontologist reconstructing the body of a pre-historical animal from a few bones and teeth which were dug up by the field party.

Hatred is bound to be present where strict discipline was resorted to in childhood, and, no doubt, B. has a hatred component towards his father for this reason. But, he represses it and overrides it by conflicting acts of love, such as approbation of his father's discipline, and an unlimited forgiving attitude (apparently no resentment against father for trying to rape his wife). In fact, hardly any individual reaction in relation to his father can be classified as a pure hatred or pure love relation; every act is rather a blend of both in varying proportions. Typical in this respect is his acceptance and approval of his father's harsh discipline. The approval in this case is both an over-compensation for a reaction of hatred, an expression of identification with father (which is a love-act). At the same time this identification with the harsh father and acceptance of his arbitrary acts, is the foundation of his own Super-Ego from a moral-social factor to one of an anti-social sadistic significance. In view of these facts, B. may be designated as a *chronic neurotic Super-Ego criminal*. He can be placed between the "neurotically conditioned criminal" and the "normal, non-neurotic delinquent with criminal Super-Ego" of Alexander-Staub, as intermediary type.³

Another example of his ambivalence to a father-image is his homosexual experience with the "old man" whom he beat up after having yielded to him four times.

The apotheosis of his affection for his father which, at the same time, illustrates his impaired heterosexuality, is brought out very emphatically in his marriage which, as he says, is for the sake of helping father take care of his children by second marriage.⁴ In fact, he provides father with a wife, to gratify

³ Franz Alexander and Hugo Staub, *Der Verbrecher und seine Richter*, Intern. Psychoanal. Verlag, Wien, 1929.

⁴ In this connection I may mention a case of mine, a 29 year old man suffering from marked homosexual drives and states of depression, whose outstanding emotion towards his father was excessive hatred because he had been responsible for the ruin of the family. Nevertheless, he carried with him for some time the idea of sending his father a gift of money so large as to constitute a sacrifice of the major part of his savings: this was especially surprising in this case because the patient was pathologically miserly.

father's sexuality which he would have liked to gratify with his own person, we surmise. Of course, this act which would seem a supreme and inconceivable sacrifice in case of an individual of normal sexuality, is not so significant with our homosexual subject. To him a wife is not an object of complete sex satisfaction and he gives her up not unwillingly, at the same time thereby gratifying his far stronger urge, namely this unconscious passive homosexuality with respect to his father.

A striking expression of B.'s pathological sexuality to which he reverts from time to time is the exceedingly characteristic glass-in-the-rectum episode. It is the fruition of his auto-erotic, homosexual and sado-masochistic cravings. It is quite obviously a masturbatory act with implications of passive homosexuality. The use of a fragile and dangerous object as a penis symbol contributed the sado-masochistic element of the performance. It is also interesting to note that B. uses not a solid object but a hollow receptacle, a glass vessel, which possibly symbolizes that the act is preparatory, a sort of an opening of the way and reserving the entrance for a more important penetrator, perhaps the penis of father.

Trying to connect Antonio B.'s psycho-sexual urges as illustrated above with psycho-analytical findings with regard to the anal character of the pursuer in paranoia,⁵ we may say: B. longs for a pursuer. The pursuer is expected to attack per rectum. The glass which B. mysteriously introduces into his body (sc. "incorporates"), must be, then, considered an inanimate representation of the pursuer who is, nevertheless, not any less welcome to him than the aggressive male is to the fleeing female. The single apparently incomprehensible physical action must stand for psycho-sexual urges, probably of long standing. Applicable to this situation are Abraham's views of "partial incorporation" in paranoia.⁶ It is clear that to the paranoiac the love-object has been represented by feces which he cannot discharge. The introjected part of the love-object does not leave him any more, as in the case of melancholia

⁵ Freud, Ferenczi, Abraham, Stürcke, Nunberg and others have called special attention to the fact that the paranoiac delusion of persecution is invariably *anal* in character.

⁶ Abraham, *Selected Papers*. Pp. 487.

where the totally introjected object exercises its tyrannic power ("total-incorporation"). Since the paranoid character represents a quantitative variation of paranoia, it is not surprising that B. acted like a paranoiac in this connection. Indeed, this symptomatic action alone, is to the analytical expert pathognomonic for a tentative diagnosis of a paranoiac formation.

The patient's version of the glass incident, asserting an attack by "at least five men who might have thought that I was the employer against whom they had a grudge . . ." can hardly be accepted; he is thoroughly unreliable otherwise. Of course, this story has its own, independent value as a characteristic paranoid fantasy, since the persecution idea is overtly anal.

The two other outstanding fantasy acts of Antonio B. also require elucidation. B. pours salt upon his wife's head while compelling her to dance on a table in presence of invited guests and, another time, after having threatened her with a hatchet lets water run over it declaring that she is the handle and he the head. Both acts reveal strong sadistic tendencies that go far towards explaining B.'s criminality. B.'s general aggressiveness is deeply rooted in his libido which is steeped in homosexuality. The salt incident is indisputably a manifestation of a fantasy of sacrificing his wife, putting her to ceremonial death thus dedicating her to the father-deity which, in fact, is a repetition of marrying her for father's sake. The wife of sacrifice is seasoned with salt and presented to the assembled. The victim herself is compelled to contribute the ritual dancing in this Moloch ceremony.⁷

The hatchet-episode is a similar lust murder fantasy and easily recognizable as such. Water obviously symbolizes blood here, or washing the imaginary blood off the hatchet. B. directly indicates the phallic symbolism of the hatchet (which is established as a symbol in folklore) in the remark he made

⁷ The use of salt in sacrifice is well known. It is mentioned in the Bible frequently (Lev. II, 13; Ez. XLIII, 24; St. Mark, IX, 49, 50; also in classical mythology (Iliad I, 4, 49). In Rome no sacrifice could be offered without salt (Pliny, XXXI, 41). On use of salt in connection with declaration of fidelity to kings, see Ezra, IV, 14.

to his wife at this performance: "You are the handle and I am the head."⁸

A word about B.'s sheep-dream hoax. Freud taught us to value fabrication as much as authentic dreams, both being products of the unconscious though differing as to degree and level of gratification. This play of B.'s fantasy in a wakeful state is also a wish-fulfillment of his own. The fantasy which B. imagines he has under his full control betrays, unknown to him, one more of his latent perversions, namely zoophilia. We cannot comment on it further except that by recalling current vulgar phraseology we gather that "cheating the physician" is symbolized here, through transference, by a coitus fantasy, in which he debases the physician to the status of the animal—just as he degraded his wife to an animal of sacrifice.

We see then that Antonio B.'s sadism towards his wife which constitutes the chronicity of his criminality, is a highly complex product of his characteristically paranoid drives: (a) *his narcissism makes any object-love difficult, if not impossible*; (b) *his homosexuality motivates part of his ill-will to her*; (c) *his projection justifies his hatred and ill-treatment of her*.

CASE ENGELBERT K.

This case was studied by the writer shortly after the war at the Neuro-Psychiatric Clinic, Garnisonspital, Vienna, where he worked on the staff at the time as assistant to its chief, Prof. Dr. Emil Mattauschek. The writer takes this opportunity to thank Dr. Mattauschek for having referred this highly interesting case to him to be studied and reported to an Austrian court martial.

The case Englebert K. would be of interest to a writer of fiction but, it is also quite important as material for the study and understanding of character pathology, for the paranoid criminal character in particular.

E., 36 years old, who was a choreman on a farm was sent

⁸ Both of these episodes smack strongly of the magic element of primitive religion. In an earlier paper the author pointed out the inherent relationship between the paranoiac thought pattern and magical thinking (D. Feigenbaum, "Paranoia and Magic," address before the XI. International Psycho-Analytical Congress at Oxford, July 31, 1929).

for psychiatric observation by the court before which he had been arraigned for desertion from military service and for forty odd thefts and burglaries. Under arrest he displayed a mild form of the Ganser syndrome⁹ and tried to commit suicide by hanging himself.

E. was of illegitimate birth, and so was his father, a chronic drunkard. He was brought up by his stern and religious grandmother. He lived with her alone and slept with her until he was 13 years of age. Then—"she would not stand my sleeping with her any longer," he says, and he had to sleep in an attic. He was a healthy boy, only inclined to enuresis nocturna and nightmares. In youth he had pneumonia which he claimed weakened his body permanently. At the age of 12 grandmother's husband died and his own mother and her husband who, E. had thought, was his father came to live in grandmother's house. On that occasion his supposed father accused his mother of immorality and declared that E. was not his son; with this he became violent and threatened E.'s mother, grandmother as well as E. himself. The boy was much frightened by his father's threats and never trusted him after that. E. says he could reveal worse things about his father if he did not wish to shield him from the law. After all—"he did much for me later in life."

At school he had been competent and industrious and frequently led the other boys. But later he became reticent, indulged in much day-dreaming and withdrew to the fields and woods where he was frequently found reading detective and ghost stories, also tales about Indians. Later on he read religious tracts, fortune-telling books, and dream-books. Still later he developed a liking for sex pamphlets. He was always a passionate lover of nature, especially of his birthplace and was fond of animals. He learned the trade of a mason, but later became a wood-carver. Although efficient and able, he changed positions very often and had periods of extreme aversion to labor. Explaining this he declared that his body had been

⁹ *Ganser Syndrome*, it may be recalled, is a syndrome of an hysterical form of prison psychosis, most often of episodic nature and characterized principally by a twilight state, impaired orientation, confusion, anxiety, and visual hallucinations.

unable to stand hard or unpleasant and confining employment; he was by nature intolerant of restrictions of any kind. He needed above all freedom, air, nature and threw up jobs which were in any way restrictive.

He was sexually precocious, yet shy; began to like girls and dancing when he reached the age of 20. He began to masturbate quite late in his youth; masturbation caused him many pangs of conscience and developed in him a strong sense of sin. At 25, he had sexual relations with a girl whom he intended to marry. This experience caused him to suffer from sleeplessness and general weakness; he broke the engagement and interrupted all relations with the girl—"My health did not permit it," he said. He claims he never had any sexual experience again after that. He had never been delinquent prior to his conscription for military service. He deserted at the first opportunity and began a criminal career, a kind of Robin Hood existence in the Wienerwald woods surrounding Vienna. There he lived in hiding in a hut he built near the cemetery where his grandmother was buried. At night he used to visit his mother who justified his course; father knew nothing of it. When questioned he claimed that he deserted from the army because military service had weakened his body and he could not stand it any longer. He explained that because of his desertion he was compelled to go into hiding and take to robbing in order to obtain the necessities of life. He said he liked the surroundings of his hut and felt happy and contented in it; "when he heard the distant bells" he "experienced a religious exaltation" and the dreams of his youth "came back to him." But, above all, he enjoyed his freedom which had always seemed a prime necessity to him. The principal reason for his attachment to the locality was the proximity of his grandmother's grave, over which he used to pray and weep. In fact he became so attached to his abode that he could not leave it even when it became urgent for him to transfer his activities elsewhere.

E. used to revenge himself upon his enemies; after escaping his pursuers he would return in the night to throw stones or fire shots at their windows in order "to frighten them," as he

said. When he made a good catch, he would openly boast of having a lot of money.

At the Hospital the following records were made: a gradual denouement of the Ganser complex took place during the first few weeks, improvement in orientation and decrease of inhibition. Yet traces of an anxious, sometimes resigned and apathetic state of mind, colored by self-reproach and penitence, still remained. At nights he had frightening dreams and saw "apparitions;" "three soldiers shooting at me, fortunately driven off"—"it was probably the Savior who protected me," he added. He had dreams of skeletons, corpses and monstrous apparitions. He quoted a number of dreams of the past where he found himself "alone amidst nature, flowers, woods and singing birds and was very happy." He recalls horrible dreams, f. i. of being "pursued and expecting to be killed." With these he associates a very old crippled, half-insane woman who used to sleep in his grandmother's barn. He used to annoy her, disturb her sleep and throw water on her till she finally left. On leaving she cursed him and predicted that he would pay for it dearly later on in life. He developed a strong attachment to the physician in charge with whom he held long conversations supplemented with heaps and heaps of long sentimental letters, in which he told his life story with great fullness and confidence and asked forgiveness for his past offenses. He spoke and wrote with a literary refinement, unusual in a man of his social station; his style showed the influence of much romantic reading.

He was over six feet tall but pale, with weak muscles, soft voice and general feminine characteristics; had the looks of a day-dreams; was a fresh air devotee and could not bear confinement in a room; was devoutly religious.

So far, the romantic story of Engelbert. On the surface, this Robin Hood apparently lacks the obvious characteristics of a paranoid character. Yet it is possible to discern in this subdued pastel the outlines of a paranoid criminal.

Of the paranoid trio, *narcissism* is beyond question. Conclusive in this respect are: 1) his marked withdrawing into himself during his pre-criminal periods and his asocial life in

his hut in the woods, where he realized his childhood desires; 2) his inability to establish an object cathexis; 3) his inability to tolerate social contacts; 4) his rebelliousness against social demands—work and military service—threatening his freedom; and finally, 5) his hypochondriac attachment to his body (auto-cathexis) stereotypically expressed in his extreme concern over his health, whenever social demands of love, work or military duty are made upon his body—"my body could not stand it." Of cardinal importance is 6) the fanatic-religious quality of his love of nature and freedom, which serves his narcissistic need for seclusion.

E.'s *homosexual disposition* is more difficult to detect. Yet it is undoubtedly indicated by the following traits. 1) Lack of interest in women with a corresponding inhibition against heterosexual relations after his very first experience in this direction; 2) woman-like sentiments, tastes and manners including feminine literary style and handwriting.

It seems reasonable to suppose that, under different conditions, with no fear of legal prosecution and punishment overhanging, and with self-revelation and confession not involving the possibility of greater punishment, in short under conditions resembling those of normal therapeutic analysis, E. would have confessed and manifested more explicit homosexuality. The arm of the law with its blank threat of punishment and its maze of technicalities and pitfalls, is almost the insurmountable handicap of the psychiatrist studying criminal cases. We, therefore, need not be surprised at the scarcity of homosexual manifestations where such were to be more than suspected—because, E.'s family history is one typically conducive to a homosexual disposition. The relation to father is here again as in case of Antonio B. the center of the disturbance. E. is an illegitimate child and never knew his father. His greatest affection was towards his grandmother who gave him a stern religious training. This affection finds expression in E.'s own religiousness and attachment to the neighborhood in which she lies buried. This fixation results in identification with her, and woman in general, which together with his de facto fatherlessness, intensify the situation and constitute the

homosexual disposition. E.'s relation to father-image undergoes a violent disturbance when his supposed father refuses to acknowledge him as a son, deprives him of his love, and by accusing mother of immortality shakes the boy's belief in her and in woman in general. As a result of this in actual life, E. develops an aversion to heterosexuality.

Fatherlessness and stepfather's refusal to acknowledge him as his own caused E.'s ambivalence that is responsible for his ultimate criminal career. Incomplete identification with father resulted in incomplete identification with society. Hence his intolerance to the demands of social life. Whenever society makes demands on him he will renounce it by withdrawing from it. When he is engaged and is thinking of marrying, he breaks the engagement; when the employer demands co-operation, he quits; when the army, an extremely communal body, demands his membership, he deserts and hides. In each case he defends himself by regressing to narcissistic seclusion. Criminalcy in his case must be considered an end-effect of his ambivalence to father and the consequent lack of unity and strength of his Super-Ego.¹⁰ It may be remembered that his stepfather not only refused to acknowledge him but also threatened him and his mother. His antagonism to society is, therefore, a kind of defense against the external world, which, like father, threatens him. Ordinarily his antagonism is asociality. In the end, however, he becomes anti-social. When society makes its utmost demands upon him, i.e. conscription, he becomes definitely criminal in his acts and even foolhardily revengeful—throwing stones at houses, firing shots. This cropping up of E.'s aggressiveness is a derivative of his latent homosexuality. Just as in the case of paranoia proper the outbreak of the delusion first occurs when latent homosexuality is threatened with a crisis of either realization or renunciation, where-

¹⁰ The inclination to excessive projection in paranoia as well as in paranoid character formations is partly attributed by W. Reich ("Der triebhafte Charakter," 1925) to what he calls the "isolation" of the elements of the Super-Ego ("Isolierung des Ueber-Ich"). Those parts of the Super-Ego which have not been sufficiently amalgamated in early childhood with the whole personality, but remained isolated components of it, may (by projection) easily undergo the paranoid displacement from the Ego into the outside world (p. 108). Reich also mentions Paul Schilder's term, "breaking up of Super-Ego elements." ("Auflockerung der Ichideale") in schizophrenia.

by greater demands are laid upon the defense reserves of the Id or the Super-Ego to oppose any serious disturbance of the status quo—so in our case of the paranoid criminal, criminality makes its appearance on the occasion of the great temptation: the temptation implied in the prospect of becoming a member of that highly masculine organization, the army. This prospect awakens in him his deeply rooted libidinous longing for father and his fear of him. From this he escapes by radical regression to narcissism. His return to nature (mother earth), seclusion in the hut near his grandmother, and his decision to remain there at all costs, is a manifestation of his escape from the Oedipus-representative—society, “father.” He steals and breaks into houses for no other reason than to be able to live secluded in his hut.

No wonder that E. develops an hysterical psychosis when arrested. The Ganzer syndrome with anxiety and visual hallucinations of “men attacking” him testify to his libidinous ambivalent attitude to the Oedipus-authority. He loves and fears father, he desires him and shuns him. The psychosis is a compromise-formation into which he flees from this inner conflict.

Now, to the question of *projection*. Again, as in the case of Antonio B. we must not expect a full fledged paranoid delusion since we deal with a less pronounced formation of a paranoid character. However, E. reveals definite traces of projection. E. clearly regards the demands of society as an attack upon his freedom. He even regards them as attacks upon his body—“my body could not stand it” he says in justifying his desertion and in throwing up his disagreeable jobs. The dreams which he reports having had in childhood and youth as well as during his Ganzer episode are anxiety-dreams of definite persecutory character.¹¹ A typical one is that of the “three soldiers who shoot at him.” Perhaps it will be clearer now why E. throws stones, and fires guns; he regards those who object to his burglaries and try to stop him, as his pursuers, and desires to revenge himself on them, even though this

¹¹ Differential analytic studies of dreams of paranoids have not yet been made. Cases under my observation, however, suggested to me that their delusion of persecution is likely to enter into the manifest dream-picture, almost without disguise.

exposes him to danger of being caught. His boasting about money he had stolen—again an act which may result in his arrest—is another outlet of his revengeful attitude towards the people. This again is in accordance with the second part of the fundamental projection formula: “I hate father, because—father hates me. . . .” We may now add the criminal variation: “. . . I must revenge myself on father and father’s world.” All this means that E. seeks justification for his anti-social acts or that he is another example of a *neurotic Super-Ego criminal*.

Our study of the paranoid character would not be complete if we did not say at least a few words about the non-criminal paranoid character—the paranoid within the law. Such characters are quite common but generally pass as not remarkable from a character-pathology standpoint because they are more asocial than anti-social. In fact, this type is not considered pathological at all and generally not diagnosed or classified as such. These clinically symptomless, but frequently offensive, even if, for one reason or another, admirable characters must, however, be considered pathological since they are subject to chronic tension and suffering which is typically unrelated to organic or traumatic causes. This category includes names celebrated in arts, literature and science, as for example Byron, Lermontov, Strindberg, etc.

The case of M. Y. Lermontov, one of the major classical poets of Russia, is particularly interesting on account of its striking parallelism to the case of our simpleton, Engelbert K. Lermontov, too, was brought up by a grandmother and became attached to the Caucasus country largely because his grandmother stayed with him there in his childhood. To continue our irreverent comparison of the famous poet with our choreman Engelbert, Lermontov’s life and poetry are also characterized by extreme narcissism, fanatical love of freedom, rebelliousness, aggressiveness, inability to get along with people, insubordination and general misanthropy as contrasted with his great love of nature. In the “Hero of our Time,” which is generally recognized as a distinctly autobiographical product, we find such confessions:

. . . I love enemies, though not in the Christian sense. They amuse me, stir my blood. To be always on one's guard, to catch every glance, the meaning of every word, to guess intentions, to crush conspiracies, to pretend to be deceived and suddenly with one blow to overthrow the whole immense and laboriously constructed edifice of cunning and design—that is what I call *life*.

. . . I, for my part, am ill-adapted for friendship. Of two friends one is always the slave of the other, although frequently neither acknowledges the fact to himself. Now, the slave I could not be; and to be the master would be a wearisome trouble, because, at the same time, deception would be required. . . .

. . . In addition to that, I have a further conviction, namely, that, one very nasty evening, I had the misfortune to be born. . . .

. . . why did I not wish to tread that way, thrown open by destiny, where soft joys and ease of soul were awaiting me? . . . No, I could never have become habituated to such a fate! I am like a sailor born and bred on the deck of a pirate brig: his soul has grown accustomed to storms and battles; but, once let him be cast upon the shore, and he chafes, he pines away, however invitingly the shady groves allure, however brightly shines the peaceful sun. . . .

. . . I sometimes despise myself. . . . Is not that the reason why I despise others also? . . . I have grown incapable of noble impulses; I am afraid of appearing ridiculous to myself . . . over me the word "marry" has a kind of magical power. However passionately I love a woman, if she only gives me to feel that I have to marry her—then farewell, Love! My heart is turned to stone, and nothing will warm it anew. I am prepared for any other sacrifice but that; my life twenty times over, nay, my honor I would stake on the fortune of a card . . . but my freedom I will never sell. Why do I prize it so highly? What is there in it for me, For what am I preparing myself? What do I hope for from the future? . . . In truth, absolutely nothing. It is a kind of innate dread, an inexplicable prejudice. . . . There are people, you know, who have an unaccountable dread of spiders, beetles, mice. . . . Shall I confess it? When I was but a child, a certain old woman told my fortune to my mother. She predicted for me *death from a wicked wife*. I was profoundly struck by her words at the time: an irresistible repugnance to marriage was born within my soul. . . . Meanwhile, something tells me that her prediction will be realized; I will try, at all events, to arrange that it shall be realized as late in life as possible. . . .

In his sexual life Lermontov was apparently romantic-erotic but he formed no exclusive attachment of duration. His sadism is expressed both in the military career, insubordination to authority and the antagonistic relationship with fellow-officers

which often ended in duels. He was killed in a duel which he had arranged to take place at the edge of a precipice so as to end fatally for the defeated. His poetry was of the Byronic school, tragic-rebellious, self-pitying, mysterious, seeking, imbued with thirst for freedom and romantic love of nature.

There are also paranoid characters far less explicit than any which have been described in this paper; in fact, the paranoid structure becomes apparent only after deep analysis. Such "character-analysis" will reveal the paranoid trio perhaps only faintly, with the sadism frequently converted into masochism. The sadistic tendencies are deeply repressed and turned upon the individual himself. In one of my analyses of a paranoid character of this type I discovered a general state of inhibition, inability to find his position in life, in spite of his talents, and mild depressions, concealing an underlying sadism. The projection mechanism took the form of unfounded complaints against lack of recognition, hatred, unfriendliness and insincerity on the part of people, and against a disrespecting and exploiting attitude of society towards him. This type of personality is generally well known, but its characterological structure is rarely examined.

We see then that the paranoid character may or may not result in criminality; in other words, criminal activities are not essential but incidental to paranoid structure. It is, therefore, untechnical to speak of "criminal character" or "criminal personality" since criminality may be merely one of several outlets of a more fundamental and more consequential pathological character formation. There is no more reason to speak of "criminal character" *per se* as of a "vomiting" or "headache"-character.

A fateful mal-distribution of libido energy from earliest childhood and a resulting pathological development of sexuality seems to be the stratum of at least one type of criminal. Study of paranoid character formations seems, therefore, to be essential to a better comprehension of some cases of criminality and delinquency, and should be of as great a value to criminologists as to psychopathologists.

Concluding Comment

Medicine is generally defined as the science of disease and the art of treating it, disease signifying abnormal conditions of both body and mind. Diseases of the mind, however, were not considered the proper province of science even as late as the beginning of the nineteenth century. Yet, the mental component of disease has always been more or less recognized; the recognition fluctuating with the tide of battle between materialism and idealism in natural science.

Just as there is at present a universal tendency towards a monistic interpretation of nature, with time and space united in a four-dimensional universe, there is a similar trend in physiology and medicine to abolish the sharp distinction between body and mind and to substitute a united body-mind concept in their stead. Of course, there are reasons for this trend. We realize more and more the powerful physical consequences which mental suggestion and states of mind may produce and, on the other hand, the deep psychological effects which somatic ailments may cause. We have learned how inextricably inter-connected somatic and psychic symptoms may be in such diseases as vasomotoric neuroses and dermatoses, neuroses of the heart, many pain-symptoms, etc., and we are further surprised to discover that such diseases can be alleviated by approaching them from either side, the somatic or the psychic.

In spite of this, psychopathology has been a stepchild in the family of medical sciences, gaining begrudged recognition only after many years of struggle against an exclusively bio-physical concept of disease. This situation was perhaps not unjustified, for not so long ago psychopathology was almost entirely in the hands of philosophers, literateurs and dilettantes. Today, however, psychopathology is a natural science based on objective observation and analysis, and, must be recognized an essential branch of medicine to be accorded the same careful attention and conscientious treatment as anatomy or physiology.

The First Psycho-Analytical Clinic

On April 11, 1927, at Tegel, near Berlin, Germany, the first Psycho-Analytical Sanitarium was opened, to be known as the Tegel Castle Hospital. The founder, Dr. Ernst Simmel of Berlin, intentionally chose the name "Clinic" in order to emphasize the fact that the resort, with its beautiful and quiet location, not only offers its patients the advantages of a sanitarium in meeting their convalescent and recuperative needs, but above all also cures special diseases, by a specific method. The guiding principle in this hospital is that of approaching disease from the psychic standpoint, in addition to the clinical one, which in a good many cases is by itself inadequate.

The only method capable of fulfilling these purposes has proved to be the psycho-analytic method of Sigmund Freud, for this alone opens to medical science the path to that deepest layer of the human psyche, "the Unconscious" which encompasses the most important roots of many illnesses. Experience has shown that a large group of serious nervous disorders having such causation are inaccessible to treatment by the psycho-analytic method because of the impracticability of keeping them under care and observation during treatment and the impossibility of treating them while ambulant. Among such disorders are, severe obsessional neuroses needing especial attendance, borderline psychoses who are too ill to fulfill the demands of reality in family and social life, and above all a large number of addicts (Morphinists, Cocainists, Alcoholics).

Previous experience with the psycho-analytic method which the founder and his colleagues brought to their enterprise, as well as the results of the first three years work in the hospital assure them that they have taken the right road. It is to be hoped that Tegel Castle Hospital will continue to serve in justifying the intention of its founders, namely, in furthering the battle against the excess of neurotic misery which exists in the world today.

The hospital which originated from private initiative, still requires personal sacrifice on the part of the staff in order for them to remain true to their purpose. For this reason a company has been formed in order to raise their capital from 90,000 to 300,000 Marks. Among the original shareholders are Professor Sigmund Freud, Princess Marie Bonaparte, and Dr. René Laforgue. Additional shareholders are needed and anyone interested in becoming a subscriber should address Herrn Rechtsanwalt, Dr. Robert Hilb, Kurfurstenstrasse, 88, Berlin, W. 62, Germany, from whom further information may be secured.

